

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000090637 1. Entity Name CELINA HILLS, INC.					
Principal Place of Business 2476 N ESSEX AVENUE HERNANDO, FL 34442 US			Mailing Address 2476 N ESSEX AVENUE HERNANDO, FL 34442 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03112004 Chg-P CR2E034 (10/03)	
5. Name and Address of Current Registered Agent				4. FEI Number	
ABEL, ERIC D				59-3280713	
2476 N ESSEX AVENUE				Applied For	
HERNANDO, FL 34442				Not Applicable	
5. Name and Address of Current Registered Agent				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
Name				7. Name and Address of New Registered Agent	
Street Address (P.O. Box Number is Not Acceptable)				Name	
City				Street Address (P.O. Box Number is Not Acceptable)	
FL				City	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.				Zip Code	
SIGNATURE				DATE	
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)				DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	TAMPOSI, SAMUEL A JR.		NAME	U000000091527	
STREET ADDRESS	20 TRAFALGAR SQ, STE 602		STREET ADDRESS	03/18/04-80012-012 150.00	
CITY-ST-ZIP	NASUA, NH 03063		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	NASH, Q. PETER		NAME		
STREET ADDRESS	91 AMHERST STREET		STREET ADDRESS		
CITY-ST-ZIP	NASHUA, NH 03060		CITY-ST-ZIP		
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	TAMPOSI, STEPHEN A.		NAME		
STREET ADDRESS	2476 N ESSEX AVENUE		STREET ADDRESS		
CITY-ST-ZIP	HERNANDO, FL 34442		CITY-ST-ZIP		
TITLE	T	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	PASTOR, JOHN E.		NAME		
STREET ADDRESS	2476 N ESSEX AVENUE		STREET ADDRESS		
CITY-ST-ZIP	HERNANDO, FL 34442		CITY-ST-ZIP		
TITLE	S	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	ABEL, ERIC D		NAME		
STREET ADDRESS	2476 N ESSEX AVE		STREET ADDRESS		
CITY-ST-ZIP	HERNANDO, FL 34442		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Eric D. Abel</i>			3/12/04 352-746-6060		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		
ERIC D. ABEL					