
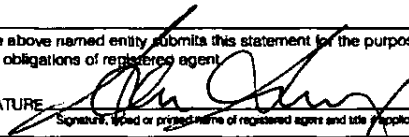
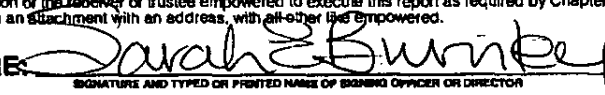


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

01-12-2004 90003 004 ***150.00

1/1

| | | | | | |
|---|-------------------------------------|--|---|---|--|
| DOCUMENT # P96000037482 | | | |  | |
| 1. Entity Name CELTIC CHARM, INC. | | | | | |
| Principal Place of Business 306 CENTRE ST FERNANDINA BEACH, FL 32034 US | | | Mailing Address 306 CENTRE ST FERNANDINA BEACH, FL 32034 US | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-3373713 | |
| | | | | Applied For <input type="checkbox"/> Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent WOOD, MARSHALL E 303 CENTRE ST SUITE 200 FERNANDINA BEACH, FL-32034 | | | 7. Name and Address of New Registered Agent | | |
| | | | Name BURNLEY, ALAN L. | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) 187 MEADOWFIELD BLUFF RD | | |
| | | | City YULEE | | |
| | | | FL Zip Code 32097 | | |
| 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. | | | | | |
| SIGNATURE  | | | DATE 29 JAN 04 | | |
| Signature, typed or printed name of registered agent and title (if applicable). | | | (NOTE: Registered Agent signature required when reinstating) | | |
| FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | PTD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | BURNLEY, SARAH | NAME | | | |
| STREET ADDRESS | 187 MEADOWFIELD BLUFF RD | STREET ADDRESS | | | |
| CITY-ST-ZIP | YULEE, FL 32097 | CITY-ST-ZIP | | | |
| TITLE | VSD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | BURNLEY, ALAN | NAME | | | |
| STREET ADDRESS | 187 MEADOWFIELD BLUFF | STREET ADDRESS | | | |
| CITY-ST-ZIP | YULEE, FL 32097 | CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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)(i), 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 fees empowered. | | | | | |
| SIGNATURE:  | | | DATE: JAN 29 04 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | DATE | | |