


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 09, 2004 8:00 am**  
**Secretary of State**

07-09-2004 90007 030 \*\*\*150.00

DOCUMENT # P97000070553					
1. Entity Name CELERITY SERVICES, INC.					
Principal Place of Business 6025 CARLTON LAKES BLVD NAPLES, FL 34110			Mailing Address 6025 CARLTON LAKES BLVD NAPLES, FL 34110		
2. Principal Place of Business		3. Mailing Address <b>6704 LOVE OAK BLVD</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>NAPLES FL</b>		4. FEI Number <b>65-0779759</b>	
Zip		Country		Applied For Not Applicable	
Zip <b>34109</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  CLAUSSEN, ROBERT G 6025 CARLTON LAKES BLVD NAPLES, FL 34110			7. Name and Address of New Registered Agent Name <b>JACK STERLING</b> Street Address (P.O. Box Number is Not Acceptable) <b>6704 LOVE OAK BLVD.</b> City <b>NAPLES</b> <b>FL</b> Zip Code <b>34109</b>		
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: <i>[Signature]</i> <b>JACK STERLING</b> <b>7/6/04</b> <small>Signature, typed or printed name of registered agent and the filer if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CLAUSSEN, ROBERT G 6025 CARLTON LAKES BLVD NAPLES, FL 34110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CLAUSSEN, CHRISTOPHER G 6025 CARLTON LAKES BLVD NAPLES, FL 34110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 like empowered.					
SIGNATURE: <i>[Signature]</i> <b>Robert Clausson</b> <b>7/6/04</b> <b>239 586-9067</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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