2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000078346

CELEBRITY'S HOLDING CORPORATION



FILED Feb 23, 2004 08:00 AM **Secretary of State**

Principal Place of Business

3702 EAST SEVENTH AVENUE TAMPA, FL

Mailing Address

P.O. BOX 4445 WINTER PARK, FL 32793



No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3471207

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GERJEL, GREGORY P 540 DOUGLAS AVE ALTAMONTE SPRINGS, FL 32714

DO NOT WRITE

				IIN	I NIS SPAU	J E	
	named entity submits this statement for the pions of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida.	I am familiar with, and acc	cept
SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE Registered				values raquired when reinstating) DATE			
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	 Election Campaign Finand Trust Fund Contribution. 	cing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS -					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BETHEL, DON 425 PELICAN DR OLDSMAR, FL 34677	-				الأمرية وال	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT CALABRESE, THOMAS 540 DOUGLAS AVE ALTAMONTE SPRINGS, FL 32714				: 1727/237/14~80	988-022 IS U. 0	Ü
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WR	TE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPA	CE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						_	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							-
12. I hereby of	certify that the information supplied with this file on this report or suppliemental report is true a	ling does not qualify for the exer	nption state ure shall ha	ed in Section 119.07(3 eve the same legal effe)(i), Florida Statutes. I furth	er certify that the informat that I am an officer or dire	ion ctor

representation of this report of supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath, that I am an officer or directory 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.

Thomas Calabrese

407 788-1111

SIGNATURE:

NTED NAME OF SIGNING OFFICER OR DIRECTOR

Vice President/Treasurer Feb. 18, 2004

Dere

Devime Phone #