

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jun 04, 1999 8:00 am**  
**Secretary of State**

06-04-1999 90006 016 \*\*\*158.75

**DOCUMENT #**

1. Corporation Name

CELESTIAL Concepts

Principal Place of Business

Mailing Address

10060 61st Way N  
PINELLAS PARK, FL  
33782-3136

SAME

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/13/1998

4. FEI Number

59-3524984

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KIEFNER, CINDY L  
5414 CIRCLE DR  
WEEKI WACHEE FL  
34607

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *N/A*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	JILLIAN M. ADAMS
STREET ADDRESS	(NAME CHANGED DUE TO MARRIAGE)
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	P/S
1.3 STREET ADDRESS	JILLIAN M. KIEFNER
1.4 CITY-ST-ZIP	10060 61ST WAY NORTH PINELLAS PARK, FL 33782-3136
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	V/D
2.3 STREET ADDRESS	JAMIE A. KIEFNER
2.4 CITY-ST-ZIP	10060 61ST WAY NORTH PINELLAS PARK, FL 33782-3136
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Jillian M. Kiefner*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JILLIAN M. KIEFNER

05/28/99

Date

(727) 546-4159

Daytime Phone #

CR2E034 (1/98)

Doc #  
569262-90080-16

MARRIAGE RECORD  
FLORIDA

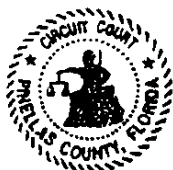
APPLICATION NO. \_\_\_\_\_

GROOM DATA BRIDE DATA AFFIDAVIT OF BRIDE AND GROOM	APPLICATION TO MARRY	1. GROOM'S NAME (First, Middle, Last) <b>JAMIE ALAN KIEFNER</b>			2. DATE OF BIRTH (Month, Day, Year) <b>06/22/1967</b>		
		3a. RESIDENCE - CITY, TOWN, OR LOCATION <b>PINELLAS PARK</b>		3b. COUNTY <b>PINELLAS</b>	3c. STATE <b>FL</b>	4. BIRTHPLACE (State or Foreign Country) <b>INDIANA</b>	
		5a. BRIDE'S NAME (First, Middle, Last) <b>JILLIAN MARIE ADAMS</b>			5b. MAIDEN SURNAME (if different) <b>KISER</b>		6. DATE OF BIRTH (Month, Day, Year) <b>03/19/1964</b>
		7a. RESIDENCE - CITY, TOWN, OR LOCATION <b>PINELLAS PARK</b>		7b. COUNTY <b>PINELLAS</b>	7c. STATE <b>FL</b>	8. BIRTHPLACE (State or Foreign Country) <b>DISTRICT OF COL</b>	
WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.							
9. GROOM'S SIGNATURE (Sign full name) <i>[Signature]</i>			13. BRIDE'S SIGNATURE (Sign full name) <i>[Signature]</i>				
10. SUBSCRIBED AND SWORN TO BEFORE ME ON: <b>04/28/1998</b>			11. TITLE OF ISSUING OFFICIAL <b>DEPUTY CLERK</b>		14. SUBSCRIBED AND SWORN TO BEFORE ME ON: <b>04/28/1998</b>		
12. SIGNATURE OF ISSUING OFFICIAL <i>[Signature]</i>			15. SIGNATURE OF ISSUING OFFICIAL <i>[Signature]</i>				
LICENSE TO MARRY			CERTIFICATE OF MARRIAGE				
AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS.			17. DATE LICENSE ISSUED <b>04/28/1998</b>		21. I HEREBY CERTIFY THAT THE ABOVE NAMED BRIDE AND GROOM WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA ON <b>4/28/98</b> AT <b>Madison, Bel</b> CITY OR TOWN DATE (month, day, year)		
THIS LICENSE MUST BE USED ON OR BEFORE THE ABOVE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.			18. EXPIRATION DATE <b>06/27/1998</b>		22a. SIGNATURE OF PERSON PERFORMING CEREMONY <i>[Signature]</i>		
19a. SIGNATURE OF PERSON ISSUING LICENSE <i>[Signature]</i>			19b. BY D.C. <i>[Signature]</i>		22b. NAME OF PERSON PERFORMING CEREMONY (TYPE) <b>Notary Public</b>		
19c. TITLE <b>CLERK OF CIRCUIT COURT</b>			20. COUNTY <b>PINELLAS</b>		22c. ADDRESS <b>11924 Hacienda Sq.</b>		
25. DATE RETURNED <b>05/04/1998</b>			26. RECORDED IN <b>BK 285 PG 592</b>		23. SIGNATURE OF WITNESS TO CEREMONY <i>[Signature]</i>		
27. CL <b>KARLEEN F. DE BLAKER, CLERK</b>			24. SIGNATURE OF WITNESS TO CEREMONY <i>[Signature]</i>		24. SIGNATURE OF WITNESS TO CEREMONY <i>[Signature]</i>		
INFORMATION BELOW WILL NOT APPEAR ON CERTIFICATION ISSUED BY VITAL STATISTICS, EXCEPT UPON REQUEST.							
32. RACE		29. NUMBER OF THIS MARRIAGE		30. LAST MARRIAGE ENDED BY SPECIFY DATE - DIVORCE OR ANNULMENT		31. DATE LAST MARRIAGE ENDED	
33. RACE		33. NUMBER OF THIS MARRIAGE		34. LAST MARRIAGE ENDED BY SPECIFY DATE - DIVORCE OR ANNULMENT		35. DATE LAST MARRIAGE ENDED	

OH 743, 10-96  
(Replaces HFS Form 743)

This license not valid unless seal of Clerk,  
Circuit or County Court, appears thereon.

AUDIT CONTROL NO. \_\_\_\_\_



STATE OF FLORIDA - PINELLAS COUNTY  
I hereby certify that the foregoing is  
a true copy as the same appears among  
the files and records of this court.  
This 4th day of May, 1998  
**KARLEEN F. DE BLAKER**  
Clerk of Circuit Court  
By: *[Signature]*  
Deputy Clerk