

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P98000052112

1. Entity Name  
CELEBRITY HOUSE OF NAPLES, INC.



Principal Place of Business  
1661 OLD HENDERSON RD.  
COLUMBUS, OH 43220

Mailing Address  
1661 OLD HENDERSON RD.  
COLUMBUS, OH 43220

**DO NOT WRITE IN THIS SPACE**



03112005 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3517303

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

SIESKY, JAMES H  
1000 TAMiami TrL N STE 201  
NAPLES, FL 34102

**DO NOT WRITE  
IN THIS SPACE**

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

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11000000313919  
04/18/05-80141-022 150.00

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME HAZELBAKER, RALPH  
STREET ADDRESS 1661 OLD HENDERSON RD.  
CITY-ST-ZIP COLUMBUS, OH 43220

TITLE V  
NAME HAZELBAKER, BILLIE  
STREET ADDRESS 1661 OLD HENDERSON RD.  
CITY-ST-ZIP COLUMBUS, OH 43220

TITLE S  
NAME EVERETT, SHARON A  
STREET ADDRESS 1661 OLD HENDERSON RD.  
CITY-ST-ZIP COLUMBUS, OH 43220

TITLE T  
NAME EVENSON, K. ROBERT JR.  
STREET ADDRESS 1661 OLD HENDERSON RD.  
CITY-ST-ZIP COLUMBUS, OH 43220

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #