


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000087305			
1. Entity Name CELEBRATION OF LIFE, INC.			
Principal Place of Business 1736 WILSHIRE COURT LAKELAND, FL 33813		Mailing Address 1736 WILSHIRE COURT LAKELAND, FL 33813	
DO NOT WRITE IN THIS SPACE			
6. Name and Address of Current Registered Agent KIESS, CHARLENE 1736 WILSHIRE COURT LAKELAND, FL 33813		DO NOT WRITE IN THIS SPACE	
4. FEI Number: 59-3604372 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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			
TITLE	PTSD		
NAME	KIESS, CHARLENE		
STREET ADDRESS	1736 WILSHIRE CT		
CITY-ST-ZIP	LAKELAND, FL 33813		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 my address, with all other like empowered.			
SIGNATURE: <u>CHARLENE KIESS</u> CHARLENE KIESS 425-08			

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05/20/08-80064-005 150.00

DO NOT WRITE
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