

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K14745

**Entity Name:** CELTIC ADJUSTING SERVICES, INC.

**Current Principal Place of Business:**

8601 4TH ST N.  
STE 204  
ST. PETERSBURG, FL 33702

**Current Mailing Address:**

8601 4TH ST N.  
STE 204  
ST. PETERSBURG, FL 33702 US

**FEI Number:** 59-2872955

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

RYAN, MICHAEL THOMAS  
8601 4TH ST. N., SUITE 204  
ST. PETERSBURG, FL 33702 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PST  
Name RYAN, MICHAEL THOMAS  
Address 3876 SHORES ACRES BLVD NE  
City-State-Zip: ST. PETERSBURG FL

Title VPD  
Name LAVELLE-RYAN, VICKIE LYNN  
Address 3876 SHORES ACRES BLVD NE  
City-State-Zip: ST. PETERSBURG FL

Title D  
Name RYAN, MICHAEL T  
Address 3876 SHORES ACRES BLVD. NE  
City-State-Zip: ST. PETERSBURG FL 33703

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** MICHAEL T RYAN

**PRESIDENT**

**04/22/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date