


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90049 001 ***158.75

DOCUMENT # 223512	
1. Entity Name CARIBEE COLONY INC	

Principal Place of Business 3011 3011 N INDIAN RIVER DR FT. PIERCE FL 34946 US	Mailing Address 8118 VINELAND OAKS BLVD ORLANDO FL 32835 US
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2. Principal Place of Business - No. P.O. Box # 3011 N. INDIAN RIVER DR. Suite, Apt. #, etc.	3. Mailing Address 3011 N. INDIAN RIVER DR. Suite, Apt. #, etc. Ft. Pierce, FL
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1st MOORE CR2E034 (10/06)

City & State Ft. Pierce, FL	City & State
Zip 34946	Country St. Lucie
Country St. Lucie	Zip 34946
Country St. Lucie	Zip 34946

4. FEI Number 58-2176672	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HOOPER, VIRGINIA D 8118 VINELAND OAKS BLVD ORLANDO FL 32835	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 * Virginia D. Hooper, Pres. (Virginia D. Hooper) Jan. 30, 2007
Signature, typed or printed name of registered agent and title if applicable (NOT Registered Agent signature required when translation) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST / ZIP	ST HOOPER, SAM T 8118 VINELAND OAKS BLVD ORLANDO FL 32835 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST / ZIP	P HOOPER, VIRGINIA II 8118 VINELAND OAKS BLVD ORLANDO FL 32835 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST / ZIP	VP DYSON, WILLIAM H 537 LANTANA DR GEORGETOWN SC 29440 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST / ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST / ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST / ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST / ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST / ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST / ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST / ZIP	VP DAVID L. PEARCE - VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1100 E OAKLAND PARK BLVD SUITE 104 OAKLAND PARK, FL 33334
TITLE NAME STREET ADDRESS CITY ST / ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST / ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 an address, with all other like empowered.

SIGNATURE: * Virginia D. Hooper Jan. 30, 2007 407-963-9664
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #