2006 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 06, 2006 08:00 AM **Secretary of State DOCUMENT # 400696** CARÁVAN FASHIONS, INC. Mailing Address Principal Place of Business 214 ORANGE STREET 214 ORANGE ST. SUITE A AUBURNDALE, FL 33823 AUBURNDALE, FL 33823 01312006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEt Number 59-1390265 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE JESTER, BETTY A 4656 ARLINGTON PARK DR. LAKELAND, FL 33801 IN THIS SPACE 3. 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 primed name of registered agent and ritle if applicable (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PDO MILE NAME JESTER, BETTY A STREET ADDRESS 4656 ARLINGTON PARK DR. LAKELAND, FL 33801 CITY-ST-ZIP 3331E U00000421422 02/16/06-80036-007 150.00 JESTER, JACK NAME STREET ADDRESS 4656 ARLINGTON PARK DR. LAKELAND, FL 33801 CITY-ST-ZIP MLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE KAVAE STREET ADDRESS CITY-ST-71P

12. I hereby certify that the information supplied with this filling 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 an address, with all pither like empowered.

SIGNATURE:

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NAME
STREET ADDRESS
CITY-ST-ZIP
THLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DI

BETTY A, JESTER

73/16 813-968-C

FILED