## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## **Secretary of State DOCUMENT # 573770** 01-23-2008 90011 023 \*\*\*150 00 1. Entity Name CARIB SEA, INC. Principal Place of Business Mailing Address 40000 3501 INDUSTRIAL 27TH STREET PO BOX 13359 FORT PIERCE, FL 34946 FT PIERCE, FL 34979 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. 01042008 Cha-P CR2E034 (12/06) City & State City & State Applied For 4. EEI Number 59-1820708 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GREENFIELD, NANCY P Street Address (P.O. Box Number is Not Acceptable) 3107 SOUTH INDIAN RIVER DRIVE FORT PIERCE, FL 34982 City Zip Code 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. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE Change ☐ Addition NAME GREENFIELD, RICHARD NAME 3107 SOUTH INDIAN RIVER DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZEP FORT PIERCE, FL 34982 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME GREENFIELD, NANCY P STREET ADDRESS 3107 SOUTH INDIAN RIVER DRIVE STREET ADDRESS CITY-ST-ZIP FORT PIERCE, FL 34982 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE MOORE, BETSEY GREEN FIELD NAME GREENFIELD, BETSEY NAME STREET ADDRESS 5643 S INDIAN RIVER DR STREET ADDRESS CITY-ST-ZIP FORT PIERCE, FL 34982 CITY-ST-ZIP TITLE ☐ Delete X Change ☐ Addition TITLE GREENFIELD, RICHARD M.JR NAME NAME 5309 S INDIAN RIVER DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT PIERCE, FL CITY-ST-ZIP ☐ Delete TITLE TITI E ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SY-ZIP Delete TIT! E TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 embowered 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 attachme

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