## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 573770**

Title:

Name:

Address:

City-St-Zip:

Entity Name: CARIB SEA, INC.

FILED Jan 29, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 3501 INDUSTRIAL 27TH STREET FORT PIERCE, FL 34946 **Current Mailing Address: New Mailing Address:** PO BOX 13359 FT PIERCE, FL 34979 US FEI Number: 59-1820708 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GREENFIELD, NANCY P 3107 SOUTH ÍNDIAN RIVER DRIVE FORT PIERCE, FL 34982 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 Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: (X) Delete () Change () Addition GREENFIELD, RICHARD, Name: Name: 3107 SOUTH INDIAN RIVER DRIVE Address: Address: City-St-Zip: FORT PIERCE, FL 34982 City-St-Zip: Title: () Delete Title: () Change () Addition GREENFIELD, NANCY P Name: Name: 3107 SOUTH INDIAN RIVER DRIVE Address: Address: FORT PIERCE, FL 34982 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: () Change () Addition MOORE, BETSEY Name: Name: 5643 S INDIAN RIVER DR Address: Address: City-St-Zip: FORT PIERCE, FL 34982 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: RICHARD M. GREENFIELD, JR. P 01/29/2009

() Delete

GREENFIELD, RICHARD, M.JR

5309 S INDIAN RIVER DR.

FORT PIERCE, FL

() Change () Addition