

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90230 030 \*\*\*158.75

**DOCUMENT # 585968**

1. Entity Name  
**CABER CORPORATION**



Principal Place of Business

1940 NORTHGATE BLVD  
STE B-6  
SARASOTA, FL 34234 US

Mailing Address

1940 NORTHGATE BLVD  
STE B-6  
SARASOTA, FL 34234 US

**DO NOT WRITE IN THIS SPACE**



04242008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-1852830**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

DAVID G. B. LINDSAY  
1940 NORTHGATE BLVD STE B-6  
SARASOTA, FL 34234

**DO NOT WRITE  
IN THIS SPACE**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME LINDSAY, DAVID G B  
STREET ADDRESS 1940 N GATE BLVD STE B-6  
CITY-ST-ZIP SARASOTA, FL 34234

TITLE STD  
NAME LINDSAY, ROBERT A  
STREET ADDRESS 1504 GULFVIEW DRIVE  
CITY-ST-ZIP SARASOTA, FL 34236

TITLE VD  
NAME CURTIS, JAMES M  
STREET ADDRESS 1932 HARBOURSIDE DRIVE, # 241  
CITY-ST-ZIP LONGBOAT KEY, FL 34228

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David G.B. Lindsay, 04/25/08

Date

941/358-6020

Daytime Phone #