


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> N03000010833 <b>1. Entity Name</b> C A V E SERVICES, INC.	
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<b>Principal Place of Business</b> 5975 W SUNRISE BLVD STE 203 SUNRISE, FL 33313	<b>Mailing Address</b> 5975 W SUNRISE BLVD STE 203 SUNRISE, FL 33313
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**DO NOT WRITE IN THIS SPACE**



04252005 No Chg-NP CR2E037 (10/03)

<b>4. FEI Number</b> 20-0524781	<input type="checkbox"/> <b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**  
  
JASPER, IVAN P  
5975 W SUNRISE BLVD  
STE 203  
SUNRISE, FL 33313

**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** \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> P	<b>NAME</b> JASPER, IVAN P
<b>STREET ADDRESS</b> 111 ISLE OF VENICE, # 8	<b>CITY-ST-ZIP</b> FT LAUDERDALE, FL 33301
<b>TITLE</b> T	<b>NAME</b> RAMEY, JOEL C
<b>STREET ADDRESS</b> 246 NE 2ND AVE	<b>CITY-ST-ZIP</b> DANIA BEACH, FL 33044
<b>TITLE</b> S	<b>NAME</b> ORR, THOMAS C
<b>STREET ADDRESS</b> 205 BELVEDERE ST	<b>CITY-ST-ZIP</b> LAKELAND, FL 33801
<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>

U000000341128  
04/29/05-80003-010 61.25

**DO NOT WRITE  
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**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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:**  **IVAN P. JASPER** **4.25.05** **9545877148**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #