

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009488

FILED  
Apr 24, 2007  
Secretary of State

Entity Name: CARIBBEAN ISLES CO-OP, INC.

**Current Principal Place of Business:**

12100 SEMINOLE BLVD #52  
LARGO, FL 33778

**New Principal Place of Business:**

**Current Mailing Address:**

12100 SEMINOLE BLVD #52  
LARGO, FL 33778

**New Mailing Address:**

FEI Number: 20-3551664

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

POZGAY, MARTIN T  
1 TREASURE LANE  
TREASURE ISLAND, FL 33708 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: LEVERTON, WILLIAM  
Address: 12100 SEMINOLE BLVD #52  
City-St-Zip: LARGO, FL 33778

Title: DV ( ) Delete  
Name: YELTON, DON  
Address: 12100 SEMINOLE BLVD #52  
City-St-Zip: LARGO, FL 33778

Title: DV ( ) Delete  
Name: JAMAIL, BETTY  
Address: 12100 SEMINOLE BLVD #52  
City-St-Zip: LARGO, FL 33778

Title: D ( ) Delete  
Name: GRAMMER, MURRELL  
Address: 12100 SEMINOLE BLVD #52  
City-St-Zip: LARGO, FL 33778

Title: SD ( ) Delete  
Name: SHAW, GERIE  
Address: 12100 SEMINOLE BLVD #52  
City-St-Zip: LARGO, FL 33778

Title: DT ( ) Delete  
Name: ECKERT, ELAINE  
Address: 12100 SEMINOLE BLVD #52  
City-St-Zip: LARGO, FL 33778

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM LEVERTON

DP

04/24/2007

Electronic Signature of Signing Officer or Director

Date