


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 24, 2008 8:00 am**  
**Secretary of State**

01-24-2008 90031 008 \*\*\*150.00

**DOCUMENT # P00000012095**

1. Entity Name  
**CANO CARACOL, INC.**



Principal Place of Business  
**4251 SE 219TH AVENUE  
 MORRISTON, FL 32668**

Mailing Address  
**4251 SE 219TH AVENUE  
 MORRISTON, FL 32668**

2. Principal Place of Business - No P.O. Box #  
**334 NW 3rd Ave**

3. Mailing Address  
**334 NW 3rd Ave**

Suite, Apt. #, etc.

City & State  
**Ocala FL**

City & State  
**Ocala FL**

Zip  
**34475**

Country  
**USA**

Zip  
**34475**

Country  
**USA**

01232008 Chg-P CR2E034 (12/06)

4. FEI Number  
**65-1020397**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FURMAN, ANNETTE C  
 334 NW 3RD AVENUE  
 OCALA, FL 34475**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

**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 NAME STREET ADDRESS CITY-ST-ZIP	PD GARCIA H, JOSE L 4251 SE 219TH AVENUE MORRISTON, FL 32668	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD AROCHA H, MARIANELA 4251 SE 219 AVENUE MORRISTON, FL 32668	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARCIA H, JOSE L PAKMAIL No. 13017, PO Box No. 02-5304 MIAMI, FL 33102-5304	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD AROCHA H, MARIANELA PAKMAIL No. 13017, PO Box No. 02-5304 MIAMI, FL 33102-5304	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *J. Garcia* **1-23-08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

40005111

