


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000064848 1. Entity Name CARIBBEAN ISLE PROPERTY SALES, INC.	
--	---

Principal Place of Business 405 ELSBERRY RD. APOLLO BEACH, FL 33572	Mailing Address 405 ELSBERRY RD. APOLLO BEACH, FL 33572
---	---

DO NOT WRITE IN THIS SPACE



04042005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3674490	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--

6. Name and Address of Current Registered Agent

**GORMAN, WILLIAM D
1498 WANNON CIRCLE
CASSELBERRY, FL 32707**

**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, 2005 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
---	---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMS, JAKE 181 ST. THOMAS CIRCLE NORTH APOLLO BEACH, FL 33572
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAY, ROSELLA 129 ST. JOHNS WAY EAST APOLLO BEACH, FL 33572
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RULIFFSON, HAROLD 221 ST. THOMAS CIR. N. APOLLO BEACH, FL 33572
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD THOMAS, PETER 126 ST PIERRES WAY WARSAW, VA 22572
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000292225
04/07/05-80063-011 150.00

**DO NOT WRITE
IN THIS SPACE**

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 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: Jake Williams 4/5/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #