

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000064848

FILED
Apr 11, 2010
Secretary of State

Entity Name: CARIBBEAN ISLE PROPERTY SALES, INC.

Current Principal Place of Business:

405 ELSBERRY RD.
APOLLO BEACH, FL 33572

New Principal Place of Business:

Current Mailing Address:

405 ELSBERRY RD.
APOLLO BEACH, FL 33572

New Mailing Address:

FEI Number: 59-3674490

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GORMAN, WILLIAM D
1498 WAUKON CIRCLE
CASSELBERRY, FL 32707 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD
Name: REYNOLDS, REGGIE
Address: 405 ELSBERRY RD
City-St-Zip: APOLLO BEACH, FL 33572

Title: D
Name: CORBET, LORRAINE
Address: 405 ELSBERRY RD
City-St-Zip: APOLLO BEACH, FL 33572

Title: SD
Name: SCHUMACHER, GARY
Address: 310 PORT ROYAL LN
City-St-Zip: APOLLO BEACH, FL 33572

Title: D
Name: RENTZ, STEVE
Address: 122 ST LUCIA LOOP W
City-St-Zip: APOLLO BEACH, FL 33572

Title: D
Name: GORMAN, WILLIAM D
Address: 405 ELSBERRY RD
City-St-Zip: APOLLO BEACH, FL 33572

Title: TD
Name: HAMLIN, BILL
Address: 225 ST THOMAS N
City-St-Zip: APOLLO BEACH, FL 33572

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: REGGIE REYNOLDS

PD

04/11/2010

Electronic Signature of Signing Officer or Director

Date