2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 29, 2012
Secretary of State

DOCUMENT# P00000064848

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

OFFICERS AND DIRECTORS:

Title: PD
Name: SYLVIA, FRANK J
Address: 405 ELSBERRY RD
City-St-Zip: APOLLO BEACH, FL 33572

Title: TD
Name: AMOROSO, LINDA A
Address: 220 ST THOMAS CIR N
City-St-Zip: APOLLO BEACH, FL 33572

Title: SD
Name: RULIFFSON, HAROLD E
Address: 221 ST THOMAS CIR N
City-St-Zip: APOLLO BEACH, FL 33572

Title: VP
Name: UPTON, ROBERT D
Address: 207 S PORT ROYAL LN
City-St-Zip: APOLLO BEACH, FL 33572

Title: D
Name: GORMAN, WILLIAM D
Address: 1498 WAUKON CIR
City-St-Zip: CASSELBERRY, FL 32707

Title: D
Name: HILL, ROBERT G
Address: 247 ST GEORGE CIR
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: WILLIAM D GORMAN D 02/29/2012

Electronic Signature of Signing Officer or Director Date