

**2004 FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Jul 29, 2004 8:00 am**  
**Secretary of State**

07-29-2004 90005 027 \*\*\*150.00

**DOCUMENT # P00000112649**

1. Entity Name

CARAVELLE PROPERTIES, INC.



Principal Place of Business

10117 W OAKLAND PARK BLVD  
SUNRISE FL 33351

Mailing Address

10117 W OAKLAND PARK BLVD  
SUNRISE FL 33351

2. Principal Place of Business

10125 W. OAKLAND PARK  
Suite, Apt. #, etc.

3. Mailing Address

10125 W. OAKLAND PARK BND  
Suite, Apt. #, etc.



MOORE

CR2E034 (4/04)

City & State

Sunrise FL

City & State

Sunrise FL

4. FEI Number

65-1061180

Applied For

Not Applicable

Zip

33351

Country

Broward

Zip

33351

Country

Broward

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

-WOODRUFF, DONALD  
656 O MEY BROOK ROAD  
BOYNTON BEACH FL 33437

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**

**DUE BY September 8, 2004**

**Make Check Payable to Florida Department of State**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  
NAME WOODRUFF, DONALD  
STREET ADDRESS 6560 MEYBROOK ROAD  
CITY-ST-ZIP BOYNTON BEACH FL 33437

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
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CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DONALD WOODRUFF

7/26/04

Date

954-748-1808

Daytime Phone #