

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000051962

1. Entity Name
CARRIB NOVELTY, INC.



Principal Place of Business
202 10TH AVE N
SAFETY HARBOR, FL 34695

Mailing Address
202 10TH AVE N
SAFETY HARBOR, FL 34695

FILED

Mar 22, 2005 08:00 AM
Secretary of State

DO NOT WRITE IN THIS SPACE

01042005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3721223	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

GRAPER, GREG
202 10TH AVE N
SAFETY HARBOR, FL 34695

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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 changing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

UD00000272756
03/22/05-80016-018 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME KIDD, CORA
STREET ADDRESS 2613 COLONY DR.
CITY-ST-ZIP DUNEDIN, FL 34698

TITLE P
NAME GRAPER, GREG
STREET ADDRESS 9440 SW 215 LANE
CITY-ST-ZIP MIAMI, FL 33189

TITLE V
NAME GRAPER, DEBBIE
STREET ADDRESS 9440 SW 215 LN
CITY-ST-ZIP MIAMI, FL 33189

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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)(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: *Greg Graper*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-16-05 7277261804
Date Daytime Phone #