

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2005 08:00 AM
Secretary of State

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



01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3721223

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$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 constituting)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

000000272756
03/22/05-80016-018 150.00

10. OFFICERS AND DIRECTORS

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
GRAPER, DEBBIE
9440 SW 215 LN
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)(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: GREG GRAPER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-05 727 724 1804
Date Daytime Phone #