

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000017351

1. Entity Name
CARIBBEAN CAST STONE INC.



Principal Place of Business
6550 OKEECHOBEE BLVD
WEST PALM BEACH, FL 33411

Mailing Address
6550 OKEECHOBEE BLVD
WEST PALM BEACH, FL 33411

DO NOT WRITE IN THIS SPACE

FILED
Aug 18, 2004 08:00 AM
Secretary of State



07222004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0920286

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DART, TIMOTHY A
6550 OKEECHOBEE BLVD
WEST PALM BEACH, FL 33411

**DO NOT WRITE
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 certifying)

DATE

8-10-04

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
DART, TIMOTHY A
6550 OKEECHOBEE BLVD
WEST PALM BEACH, FL 33411

TITLE
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U00000170357
08/18/04-80003-004 158.75

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-10-04 (561) 689-3071
Date Daytime Phone #