

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000068495

1. Entity Name
CARIBBEAN ART CORP.



FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90343 009 ***158.75

Principal Place of Business
47 TURNSTONE DRIVE
SAFETY HARBOR, FL 34695 US

Mailing Address
47 TURNSTONE DRIVE
SAFETY HARBOR, FL 34695 US

2. Principal Place of Business
4905 34th St. South
Suite, Apt. #, etc. # 296

3. Mailing Address
4905 34th St. South
Suite, Apt. #, etc. # 296

City & State
St. Petersburg, FL

City & State
St. Petersburg, FL

Zip
33711

Country
U.S.A.

Zip
33711

Country
U.S.A.

01112004 Chg-P CR2E034 (10/03)

4. FEI Number 90-0107428

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NETTLE, MICHAEL D
47 TURNSTONE DRIVE
SAFETY HARBOR, FL 34695

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 \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PRES
NETTLE, MICHAEL D
47 TURNSTONE DRIVE
SAFETY HARBOR, FL 34695

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TREA
KEANE, ROBERT
47 TURNSTONE DRIVE
SAFETY HARBOR, FL 34695

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SECR
LOPEZ, RUDI G
47 TURNSTONE DRIVE
SAFETY HARBOR, FL 34695

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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: *Michael D. Nettle* Michael D. Nettle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14 April, 2004 7277917001

Date

Daytime Phone #