

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000100587	
1. Entity Name CARIBBEAN ELECTRICAL SERVICES INC.	

Principal Place of Business 234 CELLO STREET DAVENPORT, FL 33896	Mailing Address 234 CELLO STREET DAVENPORT, FL 33896
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DO NOT WRITE IN THIS SPACE



02132008 No Chg-P CR2E034 (11/05)

4. FEI Number 55-0845843	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent CAROLUS, AUGUSTINE A 234 CELLO STREET DAVENPORT, FL 33896

**DO NOT WRITE
IN THIS SPACE**

6. 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

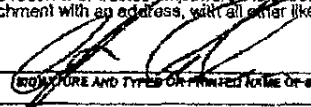
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CAROLUS, AUGUSTINE A 234 CELLO STREET DAVENPORT, FL 33896
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CAROLUS, ANELA 234 CELLO STREET DAVENPORT, FL 33896
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02/28/06-80064-015 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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:  **15 FEB 06** **407 832 6068**
(SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #