

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

DOCUMENT # P03000139926

1. Entity Name
CARIB, INC.



04-26-2004 90796 001 ***150.00
04-26-2004 90796 002 *****8.75

Principal Place of Business
300 US HWY. 17 SOUTH
EAGLE LAKE, FL 33839

Mailing Address
300 US HWY. 17 SOUTH
EAGLE LAKE, FL 33839

00310173



2. Principal Place of Business

3. Mailing Address

P.O. Box 3741

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03172004

Chg-P

CR2E034 (10/03)

City & State

City & State

Haines City FL

4. FEI Number

20-045861X

Applied For

Not Applicable

Zip

Country

Zip

33845

Country

U.S.A.

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PADUA, EDWIN
300 US HWY. 17 SOUTH
EAGLE LAKE, FL 33839

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
PADUA, EDWIN
300 US HWY. 17 SOUTH
EAGLE LAKE, FL 33839 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VTS
PADUA, YEHOVIS
300 US HWY. 17 SOUTH
EAGLE LAKE, FL 33839 ☐ Delete

TITLE
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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PADUA, Edwin

April 21. 04

Date

Daytime Phone #