

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 20, 2005 8:00 am
Secretary of State

04-25-2005 90248 020 ***150.00

DOCUMENT # P04000064379					
1. Entity Name CARRIBEAN TAN CORP.					
Principal Place of Business 719 SE HWY 19 CRYSTAL RIVER, FL 34429			Mailing Address 719 SE HWY 19 CRYSTAL RIVER, FL 34429		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
STEPHENS, DEBORAH 719 SE HWY 19 CRYSTAL RIVER, FL 34429			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 date if applicable) (NOTE: Registered Agent signature required when reappointing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PSTD STEPHENS, DEBORAH 719 SE HWY 19 CRYSTAL RIVER, FL 34429		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD STEPHENS, TIMOTHY 719 SE HWY 19 CRYSTAL RIVER, FL 34429		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: <i>Deborah Stephens</i>			418-65 303-8540		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

66018067



04202005 Chg-P CR2E034 (10/03)

4. FEI Number **20-1172302** Applied For Not Applicable

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