

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90041 024 ***150.00

DOCUMENT # P05000044081

1. Entity Name
GREATER CARIBBEAN APPRAISAL AND CONSULTING, INC.



Principal Place of Business
1224 A. FLAGLER AVE.
KEY WEST, FL 33040

Mailing Address
1224 A. FLAGLER AVE.
KEY WEST, FL 33040



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

PO BOX 500694

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01182008

Chg-P

CR2E034 (12/06)

City & State

City & State

MARATHON, FL

4. FEI Number

20-2561441

Applied For

Not Applicab

Zip

Country

Zip

33050

Country

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

**CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410**

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, 2008 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 **D** ☐ Delete
NAME **OWEN, JODY**
STREET ADDRESS **1224 A. FLAGLER AVE.**
CITY-ST-ZIP **KEY WEST, FL 33040**

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

TITLE **D** ☒ Delete
NAME **NIENABER, JEFFREY R**
STREET ADDRESS **1224 A. FLAGLER AVE.**
CITY-ST-ZIP **KEY WEST, FL 33040**

TITLE ☐ Change ☐ Addit
NAME ☐ Change ☐ Addit
STREET ADDRESS ☐ Change ☐ Addit
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TITLE **D** ☐ Delete
NAME **RUFFNER, MICHAEL**
STREET ADDRESS **1224 A. FLAGLER AVE.**
CITY-ST-ZIP **KEY WEST, FL 33040**

TITLE ☐ Change ☐ Addit
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STREET ADDRESS ☐ Change ☐ Addit
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TITLE **D** ☐ Delete
NAME **GREENE, CHRIS A**
STREET ADDRESS **1224 A. FLAGLER AVE.**
CITY-ST-ZIP **KEY WEST, FL 33040**

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 **MIKE RUFFNER** 4/23/08 305-805-195