

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000009132

**FILED**  
**Mar 04, 2011**  
**Secretary of State**

**Entity Name:** CARIBBEAN CASUALTIES, INC.

**Current Principal Place of Business:**

4491 LONGBOW DRIVE  
TITUSVILLE, FL 32796

**New Principal Place of Business:**

**Current Mailing Address:**

4491 LONGBOW DRIVE  
TITUSVILLE, FL 32796

**New Mailing Address:**

**FEI Number:** 32-0232459

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

EVANS, JOHN H  
1702 S WASHINGTON AVE  
TITUSVILLE, FL 32780 US

**Name and Address of New Registered Agent:**

ROSS, AARON  
4491 LONGBOW DRIVE  
TITUSVILLE, FL 32796 US

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.

**SIGNATURE:** AARON ROSS

03/04/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** DPS  
**Name:** ROSS, AARON D  
**Address:** 4491 LONGBOW DRIVE  
**City-St-Zip:** TITUSVILLE, FL 32796

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** AARON ROSS

PRES

03/04/2011

Electronic Signature of Signing Officer or Director

Date