


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 26, 2004 8:00 am**  
**Secretary of State**

03-26-2004 90034 034 \*\*\*150.00

<b>DOCUMENT # P94000023717</b> 1. Entity Name <b>CAROLINE STREET DEVELOPMENT CORP.</b>					
Principal Place of Business <b>245 FRONT ST KEY WEST, FL 33040 US</b>			Mailing Address <b>1000 MARKET ST BLDG 1 PORTSMOUTH, NH 03801 US</b>		
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	
<b>CORPORATION INFORMATION SERVICES INC. 1201 HAYS ST. TALLAHASSEE, FL 32301</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P WALSH, MARK 1100 LINTON BLVD STE C9 DELRAY BEACH, FL</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1001 E Atlantic Ave, Suite 202 DeLray Beach, FL 33483</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VT WALSH, MICHAEL 1100 LINTON BLVD STE C9 DELRAY BEACH, FL</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1001 E Atlantic Ave, Suite 202 DeLray Beach, FL 33483</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V WALSH, WILLIAM 1000 MARKET ST BLDG 1 PORTSMOUTH, NH 03801</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V MCMURRAIN, THOMAS T 1100 LINTON BLVD STE C9 DELRAY BEACH, FL</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1001 E Atlantic Ave, Suite 202 DeLray Beach, FL 33483</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S CRITCHFIELD, RICHARD H 1100 LINTON BLVD STE C4 DELRAY BEACH, FL</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1001 E Atlantic Ave, Suite 201 DeLray Beach, FL 33483</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE: Mark Walsh</b> <span style="float: right;">Date: 2/4/2004 Daytime Phone #: (561) 579-9900</span>					