## **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Apr 06, 2005 8:00 am Secretary of State

Pinicipal Place of Business   Mailing Address   2514 SW 381HTREACE CAPE CORAL, FL 33914   C	DOCUI  1. Entity Nam  CARIFLO					04-06-2005	5 90098 (	038 ***15	50.00		
Sulto, Apt. #, etc.    Sulto, Apt. #, etc.   Sulto, Apt. #, etc.   O3292005   Chg.P   CR2E034 (10/03)   Chy & Stato   City & Stato   City & Stato   Chy & Stato   Applied For 65-0714870   Applied For 65-0714870   Not App	2614 SW 38		C'	\$2 50 F	إ ع/ 9،						
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City & State  Country  Country  S. Certificate of Status Desired  S8.75 Additional response of New Registered Agent  7. Name and Address of New Registered Agent  SCHMIDT, HENRY  SCHMIDT, HENRY  SCHMIDT, HENRY  STreat Address (P.O. Box Number is Not Acceptable)  Streat Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code  Streat Address (P.O. Box Number is Not Acceptable)  Date  Streat Address (P.O. Box Number is Not Acceptable)  Date  Streat Address (P.O. Box Number is Not Acceptable)  Streat Address (P.O. Box Number is Not Acceptable)  Date  Streat Address (P.O. Box Number is Not Acceptable)  Date  Streat Address (P.O. Box Number is Not Acceptable)  Streat Address (P.O. Box Number is Not Ac								IIIE OIIH DOHI BOIH DOL	IN DENIE NOMENIA	818 SIKIB ISIKI BUI	
Country   Zip   Country   Zip   Country   St. Certificate of Status Desired   \$8.75 Additional Fee Required   \$8.75 Addition						032	92005	Chg-P	CR2E0	34 (10/03)	
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Signature, hyped or primite name of legislatered agons and title of applicable.   NOTE: Represent Agons separative sequents where necessarily   Signature (NOTE)	the obligati	ions of regis ent.									. * .
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Thereby 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:**