

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90092 043 ***150.00

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1. Entity Name
CARUFEL INC.



Principal Place of Business
137 N BANANA RIVER DR
MERRITT ISLAND, FL 32952

Mailing Address
137 N BANANA RIVER DR
MERRITT ISLAND, FL 32952

50049858



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01222005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number
65-0847812

Applied For
Not Applicable

Zip

Country

Zip

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

CARUFEL, MIKE
120 MUTINY LN
#105
MERRITT ISLAND, FL 32952

Name Helen G. Jarvis
Street Address (P.O. Box Number is Not Acceptable)
165 Treasure St. #102
Merritt Island 32952
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 Helen G. Jarvis Helen G. Jarvis 2-21-2005
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, 2005 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 P ☒ Delete
NAME CARUFEL, MIKE
STREET ADDRESS 215 BUCCANEER AVE., #206
CITY-ST-ZIP MERRITT ISLAND, FL 32952

TITLE ☐ Change ☒ Addition
NAME Walter F. Jarvis
STREET ADDRESS 165 Treasure St. #102
CITY-ST-ZIP Merritt Island, FL 32952

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME Sec. Treas. Helen G. Jarvis
STREET ADDRESS 165 Treasure St #102
CITY-ST-ZIP Merritt Island FL 32952

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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: Helen G. Jarvis Helen G. Jarvis 2-21-2005 321-456-5055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #