

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 18, 2005 08:00 AM
Secretary of State**

DOCUMENT # P99000064637

**1. Entity Name
CARIBBEAN HIDEAWAYS, INC.**



**Principal Place of Business
2678 WEST LAKE ROAD
PALM HARBOR, FL 34684**

**Mailing Address
2678 WEST LAKE ROAD
PALM HARBOR, FL 34684**



01112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
59-3497683**

**Applied For
Not Applicable**

**5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SPANOLIOS, JAMES J
36366 U.S. HIGHWAY 19 NORTH
PALM HARBOR, FL 34684**

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IN THIS SPACE**

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 reinstalling)

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

TITLE	DPT
NAME	HUTCHINSON, ANDREA J
STREET ADDRESS	2678 WEST LAKE ROAD
CITY-ST-ZIP	PALM HARBOR, FL 34684
TITLE	DV
NAME	HUTCHINSON, ANDREW J
STREET ADDRESS	2678 WEST LAKE ROAD
CITY-ST-ZIP	PALM HARBOR, FL 34684
TITLE	DS
NAME	HUTCHINSON, GENEVIEVE C
STREET ADDRESS	2678 WEST LAKE ROAD
CITY-ST-ZIP	PALM HARBOR, FL 34684
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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

Andrea Hutchinson

DATE: 01/13/05