# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 30, 2005**
**Secretary of State**

DOCUMENT# P03000060308

**Entity Name:** PARAGON PROGRAMMING SERVICES, INC.

**Current Principal Place of Business:**

2865 WINKLER AVE. #402
FORT MYERS, FL 33916

**New Principal Place of Business:**

3713 11TH ST SW
LEHIGH ACRES, FL 33971

**Current Mailing Address:**

2865 WINKLER AVE. #402
FORT MYERS, FL 33916

**New Mailing Address:**

3713 11TH ST SW
LEHIGH ACRES, FL 33971

**FEI Number: 20-0029641** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

HELMEKE, AARON R
2865 WINKLER AVE. #402
FORT MYERS, FL 33916 US

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

HELMEKE, AARON R
3713 11TH ST SW
LEHIGH ACRES, FL 33971 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 HELMEKE 04/30/2005
Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete
Name: HELMEKE, AARON R
Address: 2865 WINKLER AVE. #402
City-St-Zip: FORT MYERS, FL 33916 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSTD (X) Change ( ) Addition
Name: HELMEKE, AARON R
Address: 3713 11TH ST SW
City-St-Zip: LEHIGH ACRES, FL 33971 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: AARON HELMEKE P 04/30/2005
Electronic Signature of Signing Officer or Director Date