

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90016 026 ***158.75

DOCUMENT # P02000057914					
1. Entity Name PARADISE DATA MANAGEMENT CONSULTANTS, INC.					
Principal Place of Business 1804 SAN MARCO PLACE JACKSONVILLE, FL 32207			Mailing Address 10010 BELLE RIVE BLVD #709 JACKSONVILLE, FL 32256		
2. Principal Place of Business 1905 Atlantic Blvd		3. Mailing Address 1905 Atlantic Blvd			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01212004 Chg-P CR2E034 (10/03)	
City & State Jacksonville, FL		City & State Jacksonville, FL		4. FEI Number 02-0607112	
Zip 32207		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PARADIS, BECKI 1804 SAN MARCOS PLACE JACKSONVILLE, FL 32207				7. Name and Address of New Registered Agent Name: Same Street Address: 8787 Southside Blvd # 4320 City: Jacksonville FL Zip Code: 32256	
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: <u>Becki Paradis</u> DATE: <u>2/1/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE CEO NAME PARADIS, BECKI STREET ADDRESS 357 HOOF OWL RD CITY-ST-ZIP SATSUMA, FL 32189	<input type="checkbox"/> Delete		TITLE [Blank] NAME [Blank] STREET ADDRESS 8787 Southside Blvd, #4320 CITY-ST-ZIP Jacksonville, FL 32256	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME LINGEFT, DAVID STREET ADDRESS 2106 WHITE OAK CITY-ST-ZIP VALDOSTA, GA 31602	<input type="checkbox"/> Delete		TITLE [Blank] NAME [Blank] STREET ADDRESS [Blank] CITY-ST-ZIP [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE CFO NAME BLACK, TAMMY STREET ADDRESS 1804 SAN MARCO PLACE CITY-ST-ZIP JACKSONVILLE, FL 32207	<input checked="" type="checkbox"/> Delete		TITLE [Blank] NAME [Blank] STREET ADDRESS [Blank] CITY-ST-ZIP [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE [Blank] NAME [Blank] STREET ADDRESS [Blank] CITY-ST-ZIP [Blank]	<input type="checkbox"/> Delete		TITLE [Blank] NAME [Blank] STREET ADDRESS [Blank] CITY-ST-ZIP [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE [Blank] NAME [Blank] STREET ADDRESS [Blank] CITY-ST-ZIP [Blank]	<input type="checkbox"/> Delete		TITLE [Blank] NAME [Blank] STREET ADDRESS [Blank] CITY-ST-ZIP [Blank]	<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.					
SIGNATURE: <u>Becki Paradis, CEO</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>2/1/04 (904) 3992167</u> <small>Date Daytime Phone #</small>		