

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000057914

FILED  
Nov 19, 2004  
Secretary of State

**Entity Name:** PARADISE DATA MANAGEMENT CONSULTANTS, INC.

**Current Principal Place of Business:**

1905 ATLANTIC BLVD  
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

**Current Mailing Address:**

1905 ATLANTIC BLVD  
JACKSONVILLE, FL 32207

**New Mailing Address:**

**FEI Number:** 02-0607112

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

PARADIS, BECKI  
8787 SOUTHSIDE BLVD  
#4320  
JACKSONVILLE, FL 32256 US

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

SCHMIDT, MARY J  
5113 SHARON TERRACE  
JACKSONVILLE, FL 32207 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: MARY J. SCHMIDT

11/19/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CEO ( ) Delete  
Name: PARADIS, BECKI  
Address: 8787 SOUTHSIDE BLVD, #4320  
City-St-Zip: JACKSONVILLE, FL 32256

Title: S ( ) Delete  
Name: LINGEFELT, DAVID  
Address: 2106 WHITE OAK  
City-St-Zip: VALDOSTA, GA 31602

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

Title: P/V (X) Change ( ) Addition  
Name: SCHMIDT, MARY J  
Address: 5113 SHARON TERRACE  
City-St-Zip: JACKSONVILLE, FL 32207

Title: T/S (X) Change ( ) Addition  
Name: RUDD, KIMBERLY A  
Address: 12957 EVERETT CT., W  
City-St-Zip: JACKSONVILLE, FL 32225

Title: C ( ) Change (X) Addition  
Name: HEETER, DARLA D  
Address: 6260 SPRING HAMMOCK ROAD  
City-St-Zip: JACKSONVILLE, FL 32226

Title: C ( ) Change (X) Addition  
Name: SNEED-PARADIS, REBECCA  
Address: 1650 HAWKINS COVE DRIVE, E.  
City-St-Zip: JACKSONVILLE, FL 32246

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: MARY J. SCHMIDT

P/V

11/19/2004

Electronic Signature of Signing Officer or Director

Date