

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000004435

**Entity Name:** PRIMATE PARADISE, INC.**Current Principal Place of Business:**2465 REED ELLIS ROAD  
OSTEEN, FL 32764**Current Mailing Address:**2465 REED ELLIS ROAD  
OSTEEN, FL 32764 US**FEI Number:** 57-1166663**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WASKO, ANDREW J  
2465 REED ELLIS RD  
OSTEEN, FL 32764 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

|                 |                      |
|-----------------|----------------------|
| Title           | D                    |
| Name            | WASKO, MARY LINDA    |
| Address         | 2465 REED ELLIS ROAD |
| City-State-Zip: | OSTEEN FL 32764      |

|                 |                      |
|-----------------|----------------------|
| Title           | D                    |
| Name            | WASKO, ANDREW J      |
| Address         | 2465 REED ELLIS ROAD |
| City-State-Zip: | OSTEEN FL 32764      |

|                 |                      |
|-----------------|----------------------|
| Title           | D                    |
| Name            | KOEHLER, SHIRLEY     |
| Address         | 207 DUNHAM AVE       |
| City-State-Zip: | INTERLACHEN FL 32148 |

|                 |                    |
|-----------------|--------------------|
| Title           | D                  |
| Name            | FULLER, VICKY      |
| Address         | 16557 SE 170TH AVE |
| City-State-Zip: | WEIRSDALE FL 32195 |

|                 |                    |
|-----------------|--------------------|
| Title           | DIRECTOR           |
| Name            | SWANSON, JONI      |
| Address         | 2696 VOLCO RD.     |
| City-State-Zip: | EDGEWATER FL 32141 |

*I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARY LINDA WASKO**PRESIDENT****06/11/2015**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date