


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90083 047 ***150.00

DOCUMENT # 251184 1. Entity Name PARADISE, INC.	
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Principal Place of Business 1200 W DR M.L. KING JR BLVD. PLANT CITY, FL 33563 US	Mailing Address P.O. DRAWER Y PLANT CITY, FL 33564
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00010707



02012005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1007583	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LASKOWITZ, JACK
1200 W DR M.L. KING BLVD
PLANT CITY, FL 33563**

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title, if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	DVP WEINER, EUGENE L 1200 W DR MLK JR BLVD PLANT CITY, FL 33563
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DC GORDON, MELVIN S 1200 W DR MLK JR BLVD PLANT CITY, FL 33563
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DP GORDON, RANDY S 1200 W DR MLK JR BLVD PLANT CITY, FL 33563
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DEVP GORDON, MARK H 1200 W DR MLK JR BLVD PLANT CITY, FL 33563
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DSVP SCHULIS, TRACY W 1200 W DR MLK JR BLVD PLANT CITY, FL 33563
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

**DO NOT WRITE
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:  **2/1/05** **(813) 752-1158**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #