

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # 251184

1. Entity Name
PARADISE, INC.



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**



01192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FCI Number
59-1007583

Applied for
Not Applicable

5. Certificate of Status Desired ☐ **\$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 _____ DATE _____
Signature, typed or printed name of registered agent and true if applicable (NOT for Registered Agent signature required when renewing)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

000000409634
02/09/06-80003-015 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Jack Laskowitz, CFO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/06
Date

(813) 752-1155
Deputy Phone #