

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 26, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # 308732**

1. Entity Name  
**PARAGON AUTO SALES INC**



Principal Place of Business  
**862 HWY 20  
INTERLACHEN, FL 32148 US**

Mailing Address  
**P.O. BOX 68  
INTERLACHEN, FL 32148 US**



02152007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-1149613**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**DOWLING, ROBERT W  
147 VAUSE LAKE RD  
HAWTHORNE, FL 32640**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

000000649325  
03/07/07-80044-021 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	DOWLING, ROBERT W
STREET ADDRESS	147 VAUSE LAKE RD
CITY-ST-ZIP	HAWTHORNE, FL
TITLE	V
NAME	WILLIAMS, KAREN L
STREET ADDRESS	115 VAUSE LAKE RD
CITY-ST-ZIP	HAWTHORNE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-07

386-684-3366

Date

Daytime Phone #