

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90084 015 ***150.00

DOCUMENT # 329633

1. Entity Name

PARADISE MOBILE VILLAGE INC



Principal Place of Business

STATE ROAD 621
POST OFFICE BOX 627
LAKE PLACID FL 33852

Mailing Address

13 PARADISE DRIVE
POST OFFICE BOX 627
LAKE PLACID FL 33852
US

2. Principal Place of Business

3. Mailing Address

60 Paradise Lake Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Lake Placid, FL

4. FEI Number

59-1263049

Applied For

Not Applicable

Zip

Country

Zip

33852

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JACKSON, T.U. JR.,
216 SIRENA DRIVE
LAKE PLACID FL 33852

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	JACKSON, T U JR.,	
STREET ADDRESS	216 SIRENA DRIVE	
CITY - ST - ZIP	LAKE PLACID FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JACKSON, JOANN	
STREET ADDRESS	216 SIRENA DRIVE	
CITY - ST - ZIP	LAKE PLACID FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	JACKSON, THOMAS U, III	
STREET ADDRESS	430 FOXDALE ROAD	
CITY - ST - ZIP	LAKE PLACID FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	STANLEY, ELIZABETH LYNN	
STREET ADDRESS	113 GREENLEAF AVE	
CITY - ST - ZIP	LAKE PLACID FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Elizabeth Lynn Stanley
Treas.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-06

863-465-3638

Date

Daytime Phone #