

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

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

**60 PARADISE LK DR
LAKE PLACID, FL 33852 US**



01102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1263049

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**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**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
JACKSON, T U JR.,
216 SIRENA DRIVE
LAKE PLACID, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
JACKSON, JOANN
216 SIRENA DRIVE
LAKE PLACID, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
JACKSON, THOMAS U, III
430 FOXDALE ROAD
LAKE PLACID, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
STANLEY, ELIZABETH LYNN
113 GREENLEAF AVE
LAKE PLACID, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000597774
01/24/07-80050-003 150.00

**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:

Elizabeth Lynn Stanley, Treas.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-07

863-465-3638

Date

Daytime Phone #