

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 505847

FILED
Feb 19, 2004
Secretary of State

Entity Name: PARADISE ISLE ENTERPRISES, INC.

Current Principal Place of Business:

541 SANDY OAKS BLVD.
ORMOND BCH, FL 32174 US

New Principal Place of Business:

1788 STATE AVENUE
HOLLY HILL, FL 32117 US

Current Mailing Address:

P.O. BOX 730743
ORMOND BCH, FL 321730743 US

New Mailing Address:

45 OAKMONT CIRCLE
ORMOND BCH, FL 32174 US

FEI Number: 59-2146263

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEPLER, LARRY REED
541 SANDY OAKS BLVD.
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

HEPLER, LARRY REED
45 OAKMONT CIRCLE
ORMOND BEACH, FL 32174 US

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.

SIGNATURE: LARRY REED HEPLER

02/19/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HEPLER, LARRY REED,
Address: 1788 STATE AVE.
City-St-Zip: HOLLYHILL, FL 32117

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HEPLER, LARRY REED,
Address: 45 OAKMONT CIRCLE
City-St-Zip: ORMOND BEACH, FL 32174

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARRY R. HEPLER

P

02/19/2004

Electronic Signature of Signing Officer or Director

Date