

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90403 010 ***150.00

DOCUMENT # 641072 1. Entity Name PAPARONE HOMES OF FLORIDA, INC.			
Principal Place of Business 11000 PROSPERITY PARK RD. SUITE 202 PALM BEACH GARDENS, FL 33410		Mailing Address 11000 PROSPERITY PARK RD. SUITE 202 PALM BEACH GARDENS, FL 33410	
2. Principal Place of Business 11000 Prosperity Farms Rd. Suite, Apt. #, etc. Suite 202 City & State Palm Beach Gardens, FL Zip Country 33410 USA		3. Mailing Address 11000 Prosperity Farms Rd. Suite, Apt. #, etc. Suite 202 City & State Palm Beach Gardens, FL Zip Country 33410 USA	
4. FEI Number 59-1963442		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PAPARONE DOMENICK 10989 STATE ROAD A1A PALM BCH GRDNS, FL N. PALM BEACH, FL 33408		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 and typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PAPARONE, DOMENICK 10989 STATE RD A 1 A N. PALM BEACH, FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PAPARONE, DONALD 10989 STATE RD A 1 A N. PALM BEACH, FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Domenick Paparone 1/25/06 (561) 622-3038 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone</small>			

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