

2004 FOR PROFIT CORPORATION ANNUAL REPORT

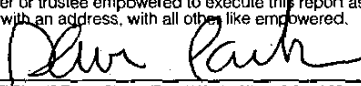
FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90083 022 ***158.75

24002834



01052004 Chg-P CR2E034 (10/03)

DOCUMENT # F02000000669					
1. Entity Name PARAGON RESTORATIONS, INC.					
Principal Place of Business 2423 DELAWARE ST SE MINNEAPOLIS, MN 55414			Mailing Address 2423 DELAWARE ST SE MINNEAPOLIS, MN 55414		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number 41-1275276				Applied For Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent		
			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, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PCD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	PARK, DAVID A		NAME		
STREET ADDRESS	2423 DELAWARE ST SE		STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS, MN		CITY-ST-ZIP		
TITLE	VD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	BRUNS, DOUGLAS J		NAME		
STREET ADDRESS	2423 DELAWARE ST SE		STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS, MN		CITY-ST-ZIP		
TITLE	SD	☒ Delete	TITLE	☐ Change	☐ Addition
NAME	PARADIS, TIMOTHY J		NAME		
STREET ADDRESS	2423 DELAWARE ST SE		STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS, MN		CITY-ST-ZIP		
TITLE	TD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	PARK, JAQUELINE A		NAME		
STREET ADDRESS	2423 DELAWARE ST SE		STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS, MN		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify 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 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: 			1-12-03 612-623-4501		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		