

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2006 8:00 am**  
**Secretary of State**

04-05-2006 90153 007 \*\*\*150.00

**DOCUMENT # F02000005600**

1. Entity Name

PARAGON WAY, INC.



Principal Place of Business

2101 W. BEN WHITE, STE. 103  
AUSTIN TX 78704

Mailing Address

2101 W. BEN WHITE, STE. 103  
AUSTIN TX 78704



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

74-2784848

Applied For

Not Applicable

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

LEXISNEXIS DOCUMENT SOLUTIONS, INC.  
1201 HAYS STREET  
TALLAHASSEE FL 32301

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **WOOD, GARY E**  
STREET ADDRESS **130 CLUBHOUSE DR.**  
CITY-ST-ZIP **AUSTIN TX 78734**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP** ☐ Delete  
NAME **HAZZARD, JEFFREY B**  
STREET ADDRESS **507 CUTTY TRAIL**  
CITY-ST-ZIP **AUSTIN TX 78734**

TITLE ☐ Change ☐ Addition  
NAME **194 Daisy Path**  
STREET ADDRESS **Dripping Springs, TX 78620** ☒ of address only  
CITY-ST-ZIP

TITLE **TS** ☐ Delete  
NAME **VASBINDER, LARRY C. JR**  
STREET ADDRESS **5909 MIRAMONTE**  
CITY-ST-ZIP **AUSTIN TX 78750**

TITLE ☐ Change ☐ Addition  
NAME **817 The High Road**  
STREET ADDRESS **Austin, TX 78746** ☒ of address only  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **COLLINS, WALT A**  
STREET ADDRESS **ONE CLOVERBROOK CT.**  
CITY-ST-ZIP **AUSTIN TX 78738**

TITLE ☐ Change ☐ Addition  
NAME **2716 Barton Creek Blvd #1801**  
STREET ADDRESS **Austin, TX 78735** ☒ of address only  
CITY-ST-ZIP

TITLE **CPO** ☐ Delete  
NAME **DAWSON, SARAH**  
STREET ADDRESS **806 BLUE HILLS DR**  
CITY-ST-ZIP **DRIPPING SPRINGS TX 78620**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Sarah Dawson* Sarah Dawson

3/15/06

(512)615-1975

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #