


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # F04000004168
 1. Entity Name
 H & W PARADISE COMPANY



Principal Place of Business
 102 WHITTLIN WAY
 TAYLORS, SC 29687

Mailing Address
 102 WHITTLIN WAY
 TAYLORS, SC 29687



02272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number, 57-0735856 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
 HUNTER, CARMICAL
 1865 ENGLEWOOD ROAD
 ENGLEWOOD, FL 34223

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP HUNTER, CARMICAL 102 WHITTLIN WAY TAYLORS, SC 29687
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCS HUNTER, PHYLLIS 102 WHITTLIN WAY TAYLORS, SC 29687
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 04/26/06-80044-025 150.00

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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 changed, or on an attachment with an address, with all other files empowered.

SIGNATURE: Carmical Hunter CARMICAL HUNTER 3/30/06 (864) 787-23
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Yr Phone #