


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 05, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J25221</b> 1. Entity Name PEACE RIVER PARADISE, INC.			
Principal Place of Business 1050 CHARLES AVE. P.O. BOX 510921 PUNTA GORDA FL 33951		Mailing Address 1050 CHARLES AVE. P.O. BOX 510921 PUNTA GORDA FL 33951	
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt #, etc.	
City & State  Zip      Country		City & State  Zip      Country	
		4. FEI Number <b>59-2740738</b>	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>EMERICH, GUY S., ESQ.</b> <b>115 W. OLYMPIA AVE.</b> <b>PUNTA GORDA FL 33950</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing <b>\$5.00</b> May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD SCHMID, J. PETER	<input type="checkbox"/> Delete	
STREET ADDRESS	1050 CHARLES AVE.		
CITY - ST - ZIP	PUNTA GORDA FL		
TITLE	D	<input type="checkbox"/> Delete	
NAME	SCHMID, MADELEINE C.		
STREET ADDRESS	1050 CHARLES AVE.		
CITY - ST - ZIP	PUNTA GORDA FL		
TITLE	ST	<input type="checkbox"/> Delete	
NAME	SASS, DAVID J		
STREET ADDRESS	3443 TAMiami TRAIL, SUITE B		
CITY - ST - ZIP	PORT CHARLOTTE FL 33952		
TITLE	VP	<input checked="" type="checkbox"/> Delete	
NAME	GREER, L. ALLEN		
STREET ADDRESS	5660 BROOKLYN AVE		
CITY - ST - ZIP	SARASOTA FL 34231		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
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)(1), 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: <i>David J Sass</i> <b>DAVID JSASS</b>		Date <b>3-2-05</b> Daytime Phone # <b>941-629-4860</b>	



1st MOORE      CR2E034 (10/04)