

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2005 8:00 am**  
**Secretary of State**

02-09-2005 90061 008 \*\*\*150.00

**DOCUMENT # J97870**

1. Entity Name

**PARAGON WHOLESALE, INC.**



Principal Place of Business

% JOHNNIE L. DOWLING  
119 VAUSE LK RD  
HAWTHORNE FL 32640

Mailing Address

119 VAUSE LAKE RD  
HAWTHORNE FL 32640  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



1st MOORE

CR2E034 (10/04)

4. FEI Number

**59-2854846**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MORRIS, CONNIE R.**  
**143 SAGE LANE**  
**HAWTHORNE FL 32640**

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

*Connie R. Morris*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*2/3/05*

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 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

TITLE	P	<input type="checkbox"/> Delete
NAME	MORRIS, CONNIE R	
STREET ADDRESS	143 SAGE LANE	
CITY-ST-ZIP	HAWTHORNE FL 32640	
TITLE	DST	<input checked="" type="checkbox"/> Delete
NAME	DOWLING, RUTH J.	
STREET ADDRESS	119 VAUSE LAKE RD	
CITY-ST-ZIP	HAWTHORNE FL	
TITLE	Sec & Treas	<input type="checkbox"/> Delete
NAME	Chire Blankenship	
STREET ADDRESS	430 S. County Rd 21	
CITY-ST-ZIP	Hawthorne, Fl 32640	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Johnny L Dowling	
STREET ADDRESS	119 Vause Lake Rd	
CITY-ST-ZIP	Hawthorne, Fl 32640	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Karen L. Williams	
STREET ADDRESS	115 Vause Road	
CITY-ST-ZIP	Hawthorne, Fl 32640	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S/T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cherie Blankenship	
STREET ADDRESS	430 S County Rd 21	
CITY-ST-ZIP	Hawthorne, Fl 32640	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Johnnie L Dowling	
STREET ADDRESS	119 Vause Lake Road	
CITY-ST-ZIP	Hawthorne, Fl 32640	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Karen L Williams	
STREET ADDRESS	115 Vause Lake Road	
CITY-ST-ZIP	Hawthorne, Fl 32640	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

*Connie R. Morris, Pres.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Connie R. Morris 2/3/05*

Date

*352-546-2672*

Daytime Phone #