


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 12, 2006 8:00 am
Secretary of State

07-12-2006 90003 050 ***150.00

DOCUMENT # J97870 1. Entity Name PARAGON WHOLESALE, INC.	
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Principal Place of Business % JOHNNIE L. DOWLING 119 VAUSE LK RD HAWTHORNE, FL 32640	Mailing Address 119 VAUSE LAKE RD HAWTHORNE, FL 32640 US
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07062006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2854846	Applied F Not Appli
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MORRIS, CONNIE R. 143 SAGE LANE HAWTHORNE, FL 32640
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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 ac the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., t corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORRIS, CONNIE R 143 SAGE LANE HAWTHORNE, FL 32640
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST DOWLING, RUTH J. 119 VAUSE LAKE RD HAWTHORNE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BLANKSHIP, CHERIE 430 S COUNTY RD 21 HAWTHORNE, FL 32640
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DOWLING, JOHNNIE L 119 VAUSE LAKE ROAD HAWTHORNE, FL 32640
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, KAREN L 115 VAUSEELAKE ROAD HAWTHORNE, FL 32640
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 informat 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 dire 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Connie R. Morris **7-5-06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #