

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J97870

FILED  
Jan 22, 2009  
Secretary of State

Entity Name: PARAGON WHOLESALE, INC.

## Current Principal Place of Business:

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

## New Principal Place of Business:

## Current Mailing Address:

119 VAUSE LAKE RD  
HAWTHORNE, FL 32640 US

## New Mailing Address:

FEI Number: 59-2854846

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MORRIS, CONNIE R  
Address: 143 SAGE LANE  
City-St-Zip: HAWTHORNE, FL 32640

Title: ST ( ) Delete  
Name: BLANKSHIP, CHERIE  
Address: 430 S COUNTY RD 21  
City-St-Zip: HAWTHORNE, FL 32640

Title: V ( ) Delete  
Name: DOWLING, JOHNNIE L  
Address: 119 VAUSE LAKE ROAD  
City-St-Zip: HAWTHORNE, FL 32640

Title: D ( ) Delete  
Name: WILLIAMS, KAREN L  
Address: 115 VAUSEELAKE ROAD  
City-St-Zip: HAWTHORNE, FL 32640

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ST (X) Change ( ) Addition  
Name: BLANKSHIP, CHERIE  
Address: 430 S COUNTY RD 21  
City-St-Zip: HAWTHORNE, FL 32640

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: WILLIAMS, KAREN L  
Address: 115 VAUSE LAKE ROAD  
City-St-Zip: HAWTHORNE, FL 32640

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CONNIE R MORRIS

P

01/22/2009

Electronic Signature of Signing Officer or Director

Date