


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90036 047 \*\*\*150.00

<b>DOCUMENT # K73884</b>		
1. Entity Name <b>PARADISE HOMES OF NAPLES, INC.</b>		

Principal Place of Business <b>7986 BEAUMONT CT NAPLES FL 34109 US</b>	Mailing Address <b>7986 BEAUMONT CT NAPLES FL 34109 US</b>
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2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/04)

4. FEI Number <b>65-0140412</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>PARADIS, JAMES F 7986 BEAUMONT CT NAPLES FL 34109</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 *James F. Paradis* *JAMES F. PARADIS* *4/8/05*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>DIRECTOR, PRESIDENT, TREASURER</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>PARADIS, JAMES F.</b>		NAME	
STREET ADDRESS <b>7986 BEAUMONT CT</b>		STREET ADDRESS	
CITY-ST-ZIP <b>NAPLES FL 34109</b>		CITY-ST-ZIP	
TITLE <b>S</b>	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>PARDIS, MICHELLE J</b>		NAME	
STREET ADDRESS <b>7986 BEAUMONT CT</b>		STREET ADDRESS	
CITY-ST-ZIP <b>NAPLES FL 34109</b>		CITY-ST-ZIP	
TITLE <b>VICE PRESIDENT</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>JAMES F. PARADIS JR.</b>		NAME	
STREET ADDRESS <b>7986 BEAUMONT CT</b>		STREET ADDRESS	
CITY-ST-ZIP <b>NAPLES, FL. 34109</b>		CITY-ST-ZIP	
TITLE <b>SECRETARY</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>EMILY J. PARADIS</b>		NAME	
STREET ADDRESS <b>7986 BEAUMONT CT.</b>		STREET ADDRESS	
CITY-ST-ZIP <b>NAPLES, FL. 34109</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(i), 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: *James F. Paradis* *JAMES F. PARADIS* *DIRECTOR 4/8/05 (239) 572-2075*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #