


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # L37755 1. Entity Name PARADISE PALMS TREE CARE, INC.		
Principal Place of Business KATHY KNOWLES 19424 PRESERVE DR BOCA RATON, FL 33498 US	Mailing Address KNOWLES, KATHY 19424 PRESERVE DR BOCA RATON, FL 33498 US	
DO NOT WRITE IN THIS SPACE		



04132004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0164617	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent KNOWLES, KATHY 19424 PRESERVE DR BOCA RATON, FL 33498

**DO NOT WRITE
IN THIS SPACE**

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 acknowledge the obligations of registered agent. *No Change*

SIGNATURE Kathy Knowles Kathy Knowles 4/14/04
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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000118560 04/16/04-80070-005 150.00
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10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	KNOWLES, JOHN
STREET ADDRESS	19424 PRESERVE DR
CITY - ST - ZIP	BOCA RATON, FL
TITLE	D
NAME	KNOWLES, KATHY
STREET ADDRESS	19424 PRESERVE DR
CITY - ST - ZIP	BOCA RATON, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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IN THIS SPACE**

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

Kathy Knowles Kathy Knowles Secy 4/14/04