

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 31, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # L40601**

1. Entity Name  
**PARADISE HOLDINGS, INC.**



Principal Place of Business  
**1900 TYTUS AVENUE  
MIDDLETOWN, OH 45042 US**

Mailing Address  
**1900 TYTUS AVENUE  
MIDDLETOWN, OH 45042 US**



02192008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0168672**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**ROLAND, DOUGLAS C ESQ.  
500 E. KENNEDY BLVD., STE. 200  
TAMPA, FL 33602**

**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 accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	DPT
NAME	SORRELL, R. MICHAEL
STREET ADDRESS	1900 TYTUS AVE
CITY-ST-ZIP	MIDDLETOWN, OH 45042
TITLE	DS
NAME	SORRELL, WENDY A
STREET ADDRESS	3604 SHERMAN AVE.
CITY-ST-ZIP	MIDDLETOWN, OH 45044
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000874583  
04/10/08-80126-010 150.00

**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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Michael Sorrell*  
12/31/07 513 424-6484  
513-267-3304  
Date Daytime Phone #