ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State
04-27-2005 90326 029 ****61.25

DOCUMENT # N01000000835

1. Entity Name
PARADISE Z CLUB, INC.

Principal Place of Business	Mailing Address
17 GEORGE TOWN FT. MYERS, FL 33919	17 GEORGE TOWN FT. MYERS, FL 33919

DO NOT WRITE IN THIS SPACE

04202005 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-1083717
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PROSSEN, PEGGY
17 GEORGE TOWN
FT. MYERS, FL 33919

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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 accept the obligations of registered agent.

SIGNATURE: Peggy Prossen 4-20-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PROSSEN, PEGGY
STREET ADDRESS	17 GEORGE TOWN
CITY-ST-ZIP	FT. MYERS, FL 33919
TITLE	VD
NAME	MURRAY, WILLIAM
STREET ADDRESS	1379 HARMONY DRIVE
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952
TITLE	SD
NAME	STEVENSON, JUNE (wife)
STREET ADDRESS	7043 EAST BRANDYWINE CIRCLE
CITY-ST-ZIP	FORT MYERS, FL 33919 Brandywine
TITLE	TD
NAME	PROSSEN, PEGGY
STREET ADDRESS	17 GEORGE TOWN
CITY-ST-ZIP	FORT MYERS, FL 33919
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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 617, 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: Peggy Prossen 4-20-05 239-275-9185
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #