

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90267 017 \*\*\*150.00

<b>DOCUMENT # P00000035118</b>					
<b>1. Entity Name</b> <b>PARAGON, INC.</b>					
<b>Principal Place of Business</b> <b>701 S. ATLANTIC AVE., UNIT #614</b> <b>DAYTONA BEACH, FL 32118</b>			<b>Mailing Address</b> <b>P.O. BOX 928</b> <b>DAYTONA BEACH, FL 32115</b>		
<b>2. Principal Place of Business</b> <b>115 DEEP WOODS WAY</b>		<b>3. Mailing Address</b> <b>115 DEEP WOODS WAY</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> <b>ORMOND BEACH FL.</b>		<b>City &amp; State</b> <b>ORMOND BEACH FL.</b>		<b>4. FEI Number</b> <b>59-3669573</b>	
<b>Zip</b> <b>32174</b>		<b>Country</b> <b>US</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>EMBRY, BECKY M</b> <b>701 S. ATLANTIC AVE., UNIT #614</b> <b>DAYTONA BEACH, FL 32118</b>			<b>7. Name and Address of New Registered Agent</b> <b>Name</b> <b>BECKY M. EMBRY</b> <b>Street Address (P.O. Box Number is Not Acceptable)</b> <b>115 DEEP WOODS WAY</b> <b>City</b> <b>ORMOND BEACH</b> <b>FL</b> <b>Zip Code</b> <b>32174</b>		
<b>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.</b> <b>SIGNATURE</b> <i>Becky M Embry</i> <span style="float: right;"><b>4/24/05</b></span> <small>Signature, typed or printed name of registered agent and state applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>P</b> <b>EMBRY, BECKY M.</b> <b>701 S. ATLANTIC AVE., UNIT #614</b> <b>DAYTONA BEACH, FL 32118</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>P</b> <b>BECKY M. EMBRY</b> <b>115 DEEP WOODS WAY</b> <b>ORMOND BEACH FL 32174</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>ST</b> <b>MCARTHUR, MICHELLE A</b> <b>6988 KNOX STREET</b> <b>NAVARRE, FL 32566</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>V</b> <b>MCARTHUR, STEPHEN</b> <b>6988 KNOX ST.</b> <b>NAVARRE, FL 32566</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete				
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete				
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete				
<b>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.</b>					
<b>SIGNATURE:</b> <i>Becky M Embry</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>4/24/05</b> <b>386-931-2793</b> <small>Date Daytime Phone #</small>		