

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 19, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000050919**

1. Entity Name  
REXMERE/PARADISE SALES, INC.



Principal Place of Business  
POST OFFICE BOX 8960  
RANCHO SANTA FE, CA 92607

Mailing Address  
POST OFFICE BOX 8960  
RANCHO SANTA FE, CA 92607



01052005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1025150

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

JON, HINDEN A ESQ  
4430 SW 64TH AVE  
DAVIE, FL 33314

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME DALE, JAMES M  
STREET ADDRESS 5637 LA GRANADA  
CITY-ST-ZIP RANCHO SANTA FE, CA 92067

TITLE VP  
NAME CAMPBELL, MICHAEL V  
STREET ADDRESS 218 ASHBOUNE CT  
CITY-ST-ZIP MELBOURNE, FL 32940

TITLE SE  
NAME DALE, BONNIE L  
STREET ADDRESS 5637 LA GRANADA  
CITY-ST-ZIP RANCHO SANTA FE, CA 92067

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11010000185072  
01/20/05-80051-009 94.50

11010000185072  
01/20/05-80051-010 55.50

**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)(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 11 if changed, or on an attachment with an address, with another like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/05 858-151-1490  
Date Daytime Phone #