

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90141 001 ****55.50
02-13-2006 90141 002 ****94.50

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

66001359



01062006 No Chg-P CR2E034 (11/05)

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	

**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

Date

Daytime Phone #