

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2006 8:00 am**  
**Secretary of State**

04-11-2006 90114 037 \*\*\*150.00

**DOCUMENT # P01000085744**

1. Entity Name  
**PADDOCK PARK CORPORATE GENERAL TS, INC.**



Principal Place of Business  
**21301 POWERLINE ROAD SUITE 312  
BOCA RATON, FL 33433**

Mailing Address  
**PO BOX 11229  
SUITE A  
KNOXVILLE, FL 37939**

**DO NOT WRITE IN THIS SPACE**



01122006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**01-0652654**

Applied For  
Not Applicable

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

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

**BLALOCK LANDERS WALTERS & VOGLER PA  
802 11TH STREET WEST  
BRADENTON, FL 34205**

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

**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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**P  
SCHWARTZ, THOMAS  
60 EAST 42ND STREET  
NEW YORK, NY 10165**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**S  
SCHWARTZ, THOMAS  
60 EAST 42ND STREET  
NEW YORK, NY 10165**

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CITY - ST - ZIP

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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:** **Thomas Schwartz, President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/28/06 (212?) 880-0511**  
Date Daytime Phone #