

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 06, 2004 8:00 am**  
**Secretary of State**

08-06-2004 90004 009 \*\*\*150.00

**DOCUMENT # P01000121485**

1. Entity Name  
**PARADISE COVE CLEARWATER, INC.**



Principal Place of Business  
**9100 BAYHILL BOULEVARD  
ORLANDO, FL 32819**

Mailing Address  
**9100 BAYHILL BOULEVARD  
ORLANDO, FL 32819**

**54067251**



2. Principal Place of Business  
**200 Brightwater Dr., Unit 2**

3. Mailing Address  
**200 Brightwater Dr., Unit 2**

Suite, Apt. #, etc.  
**Unit 2**

Suite, Apt. #, etc.  
**Unit 2**

07302004

Chg-P

CR2E034 (10/03)

City & State  
**Clearwater, FL**

City & State  
**Clearwater, FL**

4. FEI Number  
**04-3593606**

Applied For  
☐ Not Applicable

Zip  
**33767**

Country  
**U.S.**

Zip  
**33767**

Country  
**U.S.**

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

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

**7. Name and Address of New Registered Agent**

**WATTS, STEPHEN G  
809 DRUID RD E  
CLEARWATER, FL 33756**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **D** ☐ Delete  
NAME **PATEL, PANKAJ**  
STREET ADDRESS **9100 BAY HILL BLVD**  
CITY-ST-ZIP **ORLANDO, FL 32819**

TITLE **D** ☒ Change ☐ Addition  
NAME **Patel, Pankaj**  
STREET ADDRESS **200 Brightwater Dr., Unit 2**  
CITY-ST-ZIP **Clearwater, FL 33767**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

I 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 in 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 in attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/1/2004**

Date

**727-365-9047**

Daytime Phone #