

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 06, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000047546  
 1. Entity Name  
 PARADISE FILTER SERVICES, INC.



Principal Place of Business      Mailing Address  
 7201 COUNTY RD 17 S              7201 COUNTY RD 17 S  
 SEBRING, FL 33876                SEBRING, FL 33876

**DO NOT WRITE IN THIS SPACE**



03302005      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
 33-1003030              Not Applicable

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

6. Name and Address of Current Registered Agent  
 BOND, LISA K  
 7201 COUNTY RD 17 S  
 SEBRING, FL 33876

**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, 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	D
NAME	BOND, LISA K
STREET ADDRESS	7201 COUNTY RD 17 S
CITY-ST-ZIP	SEBRING, FL 33876
TITLE	D
NAME	BOND, OLIVER S
STREET ADDRESS	7201 COUNTY RD 17 S
CITY-ST-ZIP	SEBRING, FL 33876
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000289107  
 04/06/05-80012-019 150.00

**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)(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.

SIGNATURE: Lisa K. Bond      Date: April 3, 2005      Daytime Phone #: 863-455-5227