



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90039 019 ***150.00

DOCUMENT # P03000032543 1. Entity Name PARADY, INC.					
Principal Place of Business 16626 AVENIDA DE ROSA WINTER GARDEN, FL 34787-8809				Mailing Address 16626 AVENIDA DE ROSA WINTER GARDEN, FL 34787-8809	
2. Principal Place of Business 2101 Eagle View Ct Suite, Apt. #, etc. Kissimmee FL City & State		3. Mailing Address Po Box 452394 Suite, Apt. #, etc. City & State Kissimmee FL			
Zip 34746		Country USA		4. FEI Number 11-3682056	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent KENNETH B. THOMSON, P.A. 101 SOUTHHALL LANE STE 400 MAITLAND, FL 32751			7. Name and Address of New Registered Agent Name Rachelle Parady Street Address (P.O. Box Number is Not Acceptable) 2101 Eagle View Court Kissimmee City FL Zip Code 34746		
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 <u>R Parady R Parady Director</u> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS PARADY, ALTON W 16626 AVENIDA DE ROSA WINTER GARDEN, FL 347878809		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2101 Eagle View Ct Kissimmee FL 34746	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PARADY, RACHELLE 16626 AVENIDA DE ROSA WINTER GARDEN, FL 347878809		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2101 Eagle View Ct Kissimmee FL 34746	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>R Parady R Parady</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date _____ Daytime Phone # 407-944-4541		