

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000041983

1. Entity Name
PARADISE GARDEN & LANDSCAPE, INC.



Principal Place of Business
**19219 WEST SYCAMORE DRIVE
LOXAHATCHEE, FL 33470**

Mailing Address
**19219 WEST SYCAMORE DRIVE
LOXAHATCHEE, FL 33470**



03112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
90-0080633

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SAINTELOI, JERRY
19219 WEST SYCAMORE DRIVE
LOXAHATCHEE, FL 33470**

**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, 2007 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 **SAINTELOI, JERRY**
STREET ADDRESS **19219 WEST SYCAMORE DRIVE**
CITY-ST-ZIP **LOXAHATCHEE, FL 33470**

TITLE **VP**
NAME **SAINTELOI, SYLPHIDA V**
STREET ADDRESS **19219 WEST SYCAMORE DRIVE**
CITY-ST-ZIP **LOXAHATCHEE, FL 33470**

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U00000685050
04/06/07-80057-010 150.00

**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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/07

Date

Daytime Phone #