

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 13, 2004 8:00 am
Secretary of State

04-23-2004 90225 017 ***150.00

DOCUMENT # P03000122033 1. Entity Name PARAGON TRANSPORT, INC.																	
Principal Place of Business 308 BROADVIEW DRIVE FORT MYERS FL 33905			Mailing Address 308 BROADVIEW DRIVE FORT MYERS FL 33905														
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.														
City & State			City & State														
Zip		Country		Zip													
4. FEI Number 200351916																	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																	
6. Name and Address of Current Registered Agent THOMAS, GLENROY B 308 BROADVIEW DRIVE FORT MYERS FL 33905			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State																	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																	
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 </div> </div> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP P THOMAS, GLENROY B 308 BROADVIEW DRIVE FORT MYERS FL 33905 </td> <td style="width: 50%; padding: 5px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete </td> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete </td> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete </td> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete </td> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete </td> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> </table>						TITLE NAME STREET ADDRESS CITY-ST-ZIP P THOMAS, GLENROY B 308 BROADVIEW DRIVE FORT MYERS FL 33905	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete <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	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
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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: <i>Glennroy Thomas</i> 04-14-04 239-633-2472 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																	

66421454



MOORE CR2E034 (11/03)