## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 29, 2004 8:00 am Secretary of State

DOCUMENT # P03000126145						04-29-2004 90343 008 ***150.00				
1. Entity Name BIRD OF PARADISE PATIO & CASUAL LIVING, INC.						14014644				
Principal Place of Business Mailing Address				<u> </u>		140	14644	Į.		
1021 W OAI	1021 W OAK ST	I W OAK ST								
SUITE C KISSIMMEE, FL 34741  SUITE C KISSIMMEE, FL 34741  KISSIMMEE, FL 34741			4.4							
MISSHVINIEL,	FL 34/4;	KISSIMMEE, FL 3474	+ 1		[ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [	I <b>COIC</b> E IND <b>Co</b> ipe <b>Co</b> nic <b>C</b>		INEL MEN BIRRI D		
2. Principal Place of Business 3.		3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04262004	Chg-P	CR2E	034 (10/03)			
City & State		City & State		4. FEI Numb		400	<del></del>	pplied For		
Zip Country		Zip Co		htry		20-0400	408		ot Applicable	
			000.	د د	5. Certificate	of Status Desired		\$8.75 Add Fee Require		
	6. Name and Address of Current	Registered Agent	<u> </u>		7. Name and	Address of New	Registered			
DI 400 0	LIDIO			Name		******		MATE 1.		
BLASS, CHRIS 1021 W OAK ST				Street Ado	Iress (P.O. Box Numb	s (P.O. Box Number is Not Acceptable)				
SUITE C					t Address (F.O. Box Nulliber is Not Acceptable)					
KISSIMME	EE, FL 34741									
				City		•	FL	Zip Cod	6	
8. The above named entity submits this statement for the purpose of changing its registe					oistared seems or be	th in the Class of F		£21 211-		
the obliga	tions of registered agent.	are purpose of oneinging to	a regiator	ou onice or re	Sharaled adelit' of Do	un, an ene state of F	ionga, ram	iamiiiar with,	апо ассерт	
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable (NO	TF: Registere	d Anent einnet in	required when reinstating)		DATE			
			· · · · · · · · · · · · · · · · · · ·	o rigoni signiture	odano wier canstate (B)		UAIE			
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.	9. Election Camp Trust Fund Cor	~	ncing	\$5.00 May Be Added to Fees					
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS:	CHANGES TO OF	FICERS AND	DIRECTOR	S IN 11	
TITLE -	D	☐ Delete	TITLE			3.7.1.023,700.	7102110 7412	☐ Change	Addition	
NAME	BRANNAN, DANA K		NAM	E						
STREET ADDRESS	819 GLENDORA RD			ET ADDRESS						
CITY-ST-ZIP	POINCIANA, FL 34759		CITY	-ST-ZIP						
TITLE	D Si soa girbia	Delete	TITLE	1				☐ Change	Addition	
NAME STREET ADDRESS	BLASS, CHRÍS 819 GLENDORA RD		NAM	<b>I</b>						
CITY-ST-ZIP	POINCIANA, FL-34759			ET ADDRESS -ST-ZIP						
TITLE	T CATON ATA, 12 GT 700	☐ Delete	TITLE					Channa	☐ Addition	
NAMÉ	~ * *	LT Delete	NAMI	1.	· · · · · · · · · · · · · · · · · · ·			Change	M Addition	
STREET ADDRESS			STRE	ET ADDRESS						
CITY-ST-ZIP			CITY-	-ST-ZIP						
TITLE		☐ Delete	TITLE					Change	Addition	
NAME			NAME	E		•				
STREET ADDRESS				ET ADORESS						
CITY-ST-ZIP				-ST-ZIP						
TITLE		☐ Delete	TITLE	I .				☐ Change	Addition	
NAME STREET ADDRESS	;		NAME STREE	ET ADDRESS						
CITY-ST-ZIP				ST-ZIP						
TITLE	***************************************	Delete	TITLE					Channe	☐ Addition	
NAME		T Delets	NAME	- 1				☐ Change	Addition	
STREET ADDRESS	,			ET ADDRESS						
CITY-ST-ZIP			ÇITY-	ST-ZIP						
12. I hereby of indicated	ertify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo	this filing does not qualify for true and accurate and that	r the exer my signat	nption stated ure shall have	in Section 119.07(3)( the same legal effect	), Florida Statutes. t as if made under	I further cert oath; that I a	ify that the in	formation or director	
of the corp	poration or the receiver or trustee empo	wered to execute this report	as requir	ed by Chapte	er 607, Florida Statute	s; and that my nam	ne appears ir	ı Block 10 or	Block 11 if	