

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000131089

Entity Name: PARADISE PLASTERING, INC.

FILED  
Apr 21, 2005  
Secretary of State

## Current Principal Place of Business:

598 OCEAN SPRAY STREET, SW  
PALM BAY, FL 32908 US

## New Principal Place of Business:

## Current Mailing Address:

598 OCEAN SPRAY STREET, SW  
PALM BAY, FL 32908 US

## New Mailing Address:

FEI Number: 16-1688329

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: SMITH, DANIEL L  
Address: 598 OCEAN SPRAY STREET, SW  
City-St-Zip: PALM BAY, FL 32908 US

Title: TREA ( ) Delete  
Name: SMITH, TAMI L  
Address: 598 OCEAN SPRAY ST. SW  
City-St-Zip: PALM BAY, FL 32908 US

Title: VICE ( ) Delete  
Name: NIXON, SCOTT A  
Address: 480 TOPEKA RD. SW  
City-St-Zip: PALM BAY, FL 32908 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: SMITH, DANIEL L  
Address: 598 OCEAN SPRAY STREET, SW  
City-St-Zip: PALM BAY, FL 32908 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TAMI L. SMITH

Electronic Signature of Signing Officer or Director

TREA

04/21/2005

Date