## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 05, 2004 8:00 am Secretary of State

1. Entity Nam	MENT # P03000133 PARADISE, INC.	468 •*			tary of State 04 90209 004 ***150.00
Principal Plac 6345 NEWT( SUITE A-1 TAMPA, FL	OWN CIR	Mailing Address 6345 NEWTOWN CIR SUITE A-1 TAMPA, FL			
2. Principal P 68/ Suite, Apt.	tace of Business 8 14th Street west #, etc.	3. Mailing Address 6318 Suite, Apt. #, etc.	? 14th Street we	05012004 Chg-P	CR2E034 (10/03)
City & Stat	denton 1-6	City & State	For FL 34207 Country	4. FEi Number	( Applied For Not Applicable
3420	7 Country J. S.	39207	Country S,	5. Certificate of Status Desiret	Fee Required
6. Name and Address of Current Registered Agent  N HUNT, NATHAN 6345 NEWTOWN CIR SUITE A-1 TAMPA, FL  C				7. Name and Address of New  John L. Kolb Es  (P.O. Box Number is Not Accepta  East Street, Ste	g <b>.</b>
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  Signature, byted or printed rame of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE					
	LE NOWIII FEE IS \$550.00 ue by September 8, 2004	9. Election Campa Trust Fund Conf		5.00 May Be ded to Fees	
10.  FITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	OFFICERS AND I PVST HUNT, NATHAN 6345 NEWTOWN CIR TAMPA, FL	DIRECTORS  [St Delete	NAME Ca	ADDITIONS/CHANGES TO O ST riJones 18 14+15+reet Wes denton, FL 342	FFICERS AND DIRECTORS IN 11  [2] Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUNT, NATHAN 6345 NEWTOWN CIR TAMPA, FL	1 Velete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Change ☐ Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CIFY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY+ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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 trusted 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:					