

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # P03000144947**

1. Entity Name  
PARADISE LAND AND INVESTMENTS CORP.



Principal Place of Business  
674 EMERALD BAY DR.  
DESTIN, FL 32541

Mailing Address  
674 EMERALD BAY DR.  
DESTIN, FL 32541

**DO NOT WRITE IN THIS SPACE**

02022008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0450127	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

COBURGER, HORACE  
674 EMERALD BAY DR.  
DESTIN, FL 32541

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE PTD  
NAME COBURGER, HORACE  
STREET ADDRESS 674 EMERALD BAY DR.  
CITY-ST-ZIP DESTIN, FL 32541

TITLE SD  
NAME LAYTON, JANICE  
STREET ADDRESS 674 EMERALD BAY DR.  
CITY-ST-ZIP DESTIN, FL 32541

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

*Horace Coburger*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/08 850 862-4153

Date

Daytime Phone #

**FILED  
Mar 10, 2008 08:00 A  
Secretary of State**