

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90052 001 ***150.00

DOCUMENT # P03000150574

1. Entity Name

PARADISE POND & GARDEN ARCHITECTURE, INC.



Principal Place of Business

2390 60TH STREET N.
ST. PETERSBURG FL 33710

Mailing Address

2390 60TH STREET N.
ST. PETERSBURG FL 33710



2. Principal Place of Business - No P.O. Box #

2390 60TH ST. N.

3. Mailing Address

2390 60TH ST. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

ST. PETERS FL.

City & State

ST. PETERS FL.

4. FEI Number

30-0225309

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

33710

Country

FLORIDA

Zip

33710

Country

FLORIDA

6. Name and Address of Current Registered Agent

KRODEL, WILLIAM H PA
4437 CENTRAL AVE
SAINT PETERSBURG FL 33713

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

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

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PSTD
HOBDA, JAMES
2390 60TH STREET N.
ST. PETERSBURG FL 33710 ☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
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CITY - ST - ZIP
☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

JAMES L. HOBDA 4-24-07 (813) 928-4517