

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90102 029 \*\*\*150.00

**DOCUMENT # P03000151552**



1. Entity Name  
**PARAGON-LERMAN CORP.**

Principal Place of Business  
**4450 HIGHWAY A-1-A  
#503  
VERO BEACH, FL 32963**

Mailing Address  
**4450 HIGHWAY A-1-A  
#503  
VERO BEACH, FL 32963**

**20002223**



2. Principal Place of Business

**4732 Genoa Dr.**

Suite, Apt. #, etc.

3. Mailing Address

**4732 Genoa Dr.**

Suite, Apt. #, etc.

01192006

Chg-P

CR2E034 (11/05)

City & State

**Amelia Island, FL**

City & State

**Amelia Island, FL**

4. FEI Number

**31-1274697**

Applied For

Not Applicable

Zip

**32034**

Country

**NASSAU**

Zip

**32034**

Country

**NASSAU**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**TAYLOR, J. ATWOOD III  
5070 NORTH HIGHWAY  
A-1-A, SUITE 200  
VERO BEACH, FL 32963**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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  
**PSD  
LERMAN, JEWELL  
4450 HIGHWAY A-1-A #503  
VERO BEACH, FL 32963** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VTD  
LERMAN, RON  
23 CORAL BURST LANE  
SCARBOROUGH, ME 04074** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**4732 Genoa Dr.  
Amelia Island, FL 32034** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**4732 Genoa Dr.  
Amelia Island, FL 32034** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Jewell A. Lerman* / **Jewell A. Lerman** 1/20/06 904-491-6579