## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000002666

**Entity Name:** PARADISE COAST REALTY, INC.

FILED Apr 24, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

9809 ALHAMBRA LANE 27499 RIVERVIEW CENTER BLVD. BONITA SPRINGS, FL 34135

232

BONITA SPRINGS, FL 34134

**Current Mailing Address: New Mailing Address:** 

9809 ALHAMBRA LANE 9788 ALHAMBRA LANE BONITA SPRINGS, FL 34135 BONITA SPRINGS, FL 34135

FEI Number: 20-0804113 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

VINCENT, JAMES L SR VINCENT, JAMES L SR. 9809 ALHAMBRA LANE 9788 ALHAMBRA LANE BONITA SPRINGS, FL 34135 US BONITA SPRINGS, FL 34135 US

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: 04/24/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete (X) Change ( ) Addition VINCENT, JAMES L SR. VINCENT, JAMES L SR. Name: Name: 9788 ALHAMBRA LANE 9809 ALHAMBRA LANE Address: Address: City-St-Zip: BONITA SPRINGS, FL 34135 City-St-Zip: BONITA SPRINGS, FL 34135

( ) Delete Title: Title: VΡ (X) Change ( ) Addition

VINCENT, MABEL D Name: Name: VINCENT, MABEL D 9809 ALHAMBRA LANE Address: 9788 ALHAMBRA LANE Address: BONITA SPRINGS, FL 34135 BONITA SPRINGS, FL 34135 City-St-Zip: 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.

Ρ SIGNATURE: JAMES L VINCENT SR. 04/24/2005