

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90127 009 ***150.00

DOCUMENT # P04000018836

1. Entity Name
PARADISE KITCHENS, INC.



Principal Place of Business
3105 SAWGRASS VILLAGE CIRCLE
PONTE VEDRA BEACH, FL 32082

Mailing Address
3105 SAWGRASS VILLAGE CIRCLE
PONTE VEDRA BEACH, FL 32082

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03062006

Chg-P

CR2E034 (11/05)

4. FEI Number

APPLIED FOR 20-0612980

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

Name

Michael D. Hagarty

Street Address (P.O. Box Number is Not Acceptable)

401 S. Lakewood Run Dr.

City

Ponte Vedra Beach

FL

Zip Code

32082

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

Michael D. Hagarty CFO

(NOTE: Registered Agent signature required when reinstating)

3-14-2006

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 PS ☐ Delete
NAME RUEGER, THOMAS E
STREET ADDRESS 3105 SAWGRASS VILLAGE CIRCLE
CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082

TITLE CEO ☐ Delete
NAME RUEGER, THOMAS E
STREET ADDRESS 3105 SAWGRASS VILLAGE CIRCLE
CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082

TITLE VP ☐ Delete
NAME ESHELMAN, THADDEUS O
STREET ADDRESS 3105 SAWGRASS VILLAGE CIRCLE
CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082

TITLE T ☐ Delete
NAME HAGARTY, MICHAEL D
STREET ADDRESS 3105 SAWGRASS VILLAGE CIRCLE
CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ Addition
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:

Michael D. Hagarty

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-2006

Date

904-543-9410

Daytime Phone #