

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2008 08:00 AM
Secretary of State

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**



01162008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0642980	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HAGARTY, MICHAEL D
402 S LAKEWOOD DR
PONTE VEDRA BEACH, FL 32082**

**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]

Michael D. Hagarty

1/18/08

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

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

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

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

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

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]
Michael D. Hagarty

1-18-08

704-593-7410

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #