## 2008 FOR PROFIT CORPORATION

## Mar 12, 2008 08:00 A ANNUAL REPORT **Secretary of State** DOCUMENT # P04000032161 1. Entity Name PARADISE CARPET AND TILE, INC. Principal Place of Business Mailing Address 740 S US HWY 441/27 740 S US HWY 441/27 LADY LAKE, FL 32159 LADY LAKE, FL 32159 01112008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 05-0596476 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NICHOLAS, MICHELLE DO NOT WRITE 740 S US HWY 441/27 LADY LAKE, FL 32159 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 amiliar the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) U00000855342 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 03/27/08-80045-023 150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME NICHOLAS, MICHELLE STREET ADDRESS 740 S US HWY 441/27 CITY-ST-ZIP LADY LAKE, FL 32159 VD NICHOLAS, VINCENT NAME STREET ADDRESS 740 S US HWY 441/27 CITY-ST-ZIP LADY LAKE, FL 32159 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP

IN THIS SPACE

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes, 1 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 chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if

SIGNATURE:

HILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

NING OFFICER OR DIRECTOR

FILED