2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000114441

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

PALMETTO, FL 34221

SMITH-KERNS, LISA D

1536 57TH AVENUE NORTH

(X) Delete

SAINT PETERSBURG, FL 33703

FILED Aug 05, 2008 Secretary of State

Entity Na	me: PARAI	DISE GARDENS OF WEST F	LORIDA INC				
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
	T CIRCLE E O, FL 3422						
Current M	lailing Add	ress:	New Maili	New Mailing Address:			
P.O. BOX SAINT PE		6, FL 33784					
FEI Number	: 20-1354559	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()	
Name and	l Address o	of Current Registered Agent	Name and	Name and Address of New Registered Agent:			
6028 66 ST PALMETT The above	EBORAH AT CIRCLE EO, FL 3422 named enticle of Florida.	AST	ne purpose of changing i	ts registered	office or registered agent, or	both,	
SIGNATUI	RE:						
		ronic Signature of Registered	Agent		Date		
OFFICER	S AND DIR	ECTORS:	ADDITION	S/CHANGE	S TO OFFICERS AND DIREC	CTORS	
Title: Name: Address: City-St-Zip:	P KERNS, DE 6028 66 ST PALMETTO	CIRCLE EAST	Title: Name: Address: City-St-Zip:	KERNS, DEB	CIRCLE EAST		
Title: Name: Address: City-St-Zip:	V KERNS, PA 6028 66TH PALMETTO	ST CIRCLE EAST	Title: Name: Address: City-St-Zip:	SMITH-KERN 1536 57TH A			
Title: Name: Address:		(X) Delete E-KERNS, JENNIFER N STREET CIRCLE EAST	Title: Name: Address:		() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: DEBORAH A KERNS P 08/05/2008

() Change () Addition