

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90019 024 ***150.00

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1. Entity Name
PARAISO INVESTMENTS, INC.



Principal Place of Business
**109 BULLUETT
NICEVILLE, FL 32578**

Mailing Address
**774 JOHN SIMS PARKWAY
NICEVILLE, FL 32578**

00043061



2. Principal Place of Business - No P.O. Box #
109 Bullock Blvd.
Suite, Apt. #, etc.

3. Mailing Address
PO BOX 335
Suite, Apt. #, etc.

04102008 Chg-P CR2E034 (12/06)

City & State
Niceville, FL
Zip
32578 Country
USA

City & State
Valparaiso, FL
Zip
32580 Country
USA

4. FEI Number
20-2058668 Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**POPE, BRENT F
774 JOHN SIMS PARKWAY
NICEVILLE, FL 32578**

7. Name and Address of New Registered Agent

Name
POPE, Brent F
Street Address (P.O. Box Number is Not Acceptable)
109 Bullock Blvd.
City
Niceville FL Zip Code
32578

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, 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
P-D ☐ Delete
NAME
POPE, BRENT F.
STREET ADDRESS
106A WATER ST.
CITY-ST-ZIP
FT. WALTON BEACH, FL 32548

TITLE
VP-D ☐ Delete
NAME
POPE, GRADY D
STREET ADDRESS
106A WATER ST.
CITY-ST-ZIP
FT. WALTON BEACH, FL 32548

TITLE
☐ Delete
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
☐ Delete
NAME

STREET ADDRESS

CITY-ST-ZIP

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Brent F Pope

Apr 11, 08