

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000053999

1. Entity Name
JD PARADISE PARTNERS, INC.



Principal Place of Business
171 BUNKER RD
ROTONDA WEST, FL 33947

Mailing Address
171 BUNKER RD
ROTONDA WEST, FL 33947

DO NOT WRITE IN THIS SPACE

FILED
Jun 11, 2008 08:00 AM
Secretary of State



06022008 No Chg-P CR2E034 (11/05)

4. FEI Number
02-0742227

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

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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, 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
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	PLANK, JUDITH S
STREET ADDRESS	171 BUNKER RD
CITY-ST-ZIP	ROTONDA WEST, FL 33947
TITLE	VTD
NAME	PLANK, DAVID P
STREET ADDRESS	171 BUNKER RD
CITY-ST-ZIP	ROTONDA WEST, FL 33947
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000952969
06/11/08-80001-024 150.00

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-4-08

Date

941-473-1840

Daytime Phone #