


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90032 037 ***150.00

DOCUMENT # P05000107304 1. Entity Name PARADISE CAY RESORT, INC.					
Principal Place of Business 508 SW 19TH STREET OKEECHOBEE, FL 34974			Mailing Address POB 1520 OKEECHOBEE, FL 34973		
2. Principal Place of Business - No P.O. Box # 1908 S.W. 6th Ave.		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Okeechobee, FLA.		City & State		4. FEI Number 20-3299028	
Zip 34974		Country Okeechobee		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SNEDDON, SHARON 508 SW 19TH STREET OKEECHOBEE, FL 34974			7. Name and Address of New Registered Agent Name Sharon Sneddon Street Address (P.O. Box Number is Not Acceptable) 1908 S.W. 6th Ave. City Okeechobee FL Zip Code 34974		
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 Sharon Sneddon Sharon Sneddon 3/13/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILCOX, JOHN JR <input type="checkbox"/> Delete 508 SW 19TH STREET OKEECHOBEE, FL 34974		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Wilcox, John Jr <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1904 S.W. 6th Ave Okeechobee, FL 34974	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILCOX, JUDY <input type="checkbox"/> Delete 508 SW 19TH STREET OKEECHOBEE, FL 34974		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Wilcox Judy <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1904 S.W. 6th Ave. Okeechobee, FL 34974	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SNEDDON, SHARON <input type="checkbox"/> Delete 508 SW 19TH STREET OKEECHOBEE, FL 34974		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sneddon Sharon <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1908 S.W. 6th Ave. Okeechobee, FL 34974	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SNEDDON, ROBERT JR <input type="checkbox"/> Delete 508 SW 19TH STREET OKEECHOBEE, FL 34974		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sneddon, Robert Jr. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1908 S.W. 6th Ave. Okeechobee, FL 34974	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: Sharon Sneddon Sharon Sneddon 3/13/07 863-763-0740 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					