

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000107304

1. Entity Name
PARADISE CAY RESORT, INC.



Principal Place of Business
1908 SW 6TH AVE
OKEECHOBEE, FL 34974

Mailing Address
POB 1520
OKEECHOBEE, FL 34973



04012008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3299028	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SNEDDON, SHARON
1908 SW 6TH AVE
OKEECHOBEE, FL 34974

**DO NOT WRITE
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 re-registering)

1100000913975

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

05/08/08-80010-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WILCOX, JOHN JR
STREET ADDRESS	1904 SW 6TH AVE
CITY-ST-ZIP	OKEECHOBEE, FL 34974
TITLE	D
NAME	WILCOX, JUDY
STREET ADDRESS	1904 SW 6TH AVE
CITY-ST-ZIP	OKEECHOBEE, FL 34974
TITLE	D
NAME	SNEDDON, SHARON
STREET ADDRESS	1908 SW 6 TH AVE
CITY-ST-ZIP	OKEECHOBEE, FL 34974
TITLE	D
NAME	SNEDDON, ROBERT JR
STREET ADDRESS	1908 SW 6TH AVE
CITY-ST-ZIP	OKEECHOBEE, FL 34974
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Sharon Sneddon Sharon Sneddon 4-19-08 863-763-0740
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #