2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# P05000107304

Entity Name: PARADISE CAY RESORT, INC.

Current Principal Place of Business:

1908 SW 6TH AVE
OKEECHOBEE, FL 34974

New Principal Place of Business:

Current Mailing Address:

POB 1520
OKEECHOBEE, FL 34973

New Mailing Address:

FEI Number: 20-3299028 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: WILCOX, JOHN JR
Address: 1904 SW 6TH AVE
City-St-Zip: OKEECHOBEE, FL 34974

Title: D ( ) Delete
Name: WILCOX, JUDY
Address: 1904 SW 6TH AVE
City-St-Zip: OKEECHOBEE, FL 34974

Title: D ( ) Delete
Name: SNEDDON, SHARON
Address: 1908 SW 6 TH AVE
City-St-Zip: OKEECHOBEE, FL 34974

Title: D ( ) Delete
Name: SNEDDON, ROBERT JR
Address: 1908 SW 6TH AVE
City-St-Zip: OKEECHOBEE, FL 34974

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: SHARON SNEDDON DIR 03/24/2009

Electronic Signature of Signing Officer or Director Date