

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2008 8:00 am**  
**Secretary of State**

04-02-2008 90026 032 \*\*\*150.00

**DOCUMENT # P05000108242**

1. Entity Name  
**MANGOS PARADISE GRILLE CO.**



Principal Place of Business  
**117 CANNERY LN.  
SANDESTIN, FL 32550**

Mailing Address  
**1234 AIRPORT ROAD  
118  
DESTIN, FL 32541**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address  
**755 GRAND BLVD.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**B105-144**

03272008 Chg-P CR2E034 (12/06)

City & State

City & State  
**MIRAMAR BEACH FL**

4. FEI Number  
**20-3258413**

Applied For  
Not Applicable

Zip Country

Zip Country  
**32550 WALTON**

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

6. Name and Address of Current Registered Agent

**TUCKER, JOYCE A  
1234 AIRPORT ROAD  
118  
DESTIN, FL 32541**

7. Name and Address of New Registered Agent

Name **KEITH CARMICHAEL**  
Street Address (P.O. Box Number is Not Acceptable)  
**117 CANNERY LN**  
City **SANDESTIN** FL Zip Code **32550**

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 of, and printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**3-28-08**

**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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD CARMICHAEL, KEITH R 117 CANNERY LN. SANDESTIN, FL 32550	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 this address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**KEITH CARMICHAEL 3-28-08 850-420-9867**

Date

Daytime Phone #