

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2008 08:00 A
Secretary of State

DOCUMENT # P05000130000

1. Entity Name
VIA PARADISUS FARMS, INC.



Principal Place of Business
10935 SE 177TH PLACE, #305
SUMMERFIELD, FL 34491

Mailing Address
10935 SE 177TH PLACE, #305
SUMMERFIELD, FL 34491



01092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3506462
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LANE, GLENN E
10935 SE 177TH PLACE, #305
SUMMERFIELD, FL 34491

**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 reinstating)

DATE

**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 | D |
| NAME | REINTJES, STEVEN L |
| STREET ADDRESS | 2400 W 59TH ST |
| CITY-ST-ZIP | SHAWNEE MISSION, KS 66208 |
| TITLE | D |
| NAME | LANE, GLENN E |
| STREET ADDRESS | 10935 SE 177TH PLACE, #305 |
| CITY-ST-ZIP | SUMMERFIELD, FL 34491 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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02/28/08-80005-022 150.00

**DO NOT WRITE
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

Glenn E Lane
Director

Date

Daytime Phone #

1/11/08

352.245.5090