## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P06000070645

1. Entity Name

PARÁDISE'S GARDNER INC



May 02, 2008 08:00 AN Secretary of State

**FILED** 

Principal Place of Business 419 SHAMROCK ROAD ST AUGUSTINE, FL 32086 Mailing Address

419 SHAMROCK ROAD ST AUGUSTINE, FL 32086



## DO NOT WRITE IN THIS SPACE

04242008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For 20-4900153 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SIKES, RICHARD E 419 SHAMROCK ROAD ST AUGUSTINE, FL 32086 DO NOT WRITE IN THIS SPACE

<ol> <li>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. Tam familiar with, and accept the obligations of registered agent.</li> </ol>				
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE				
FILE NOWIII FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  9. Election Campaign Fina Trust Fund Contribution		\$5.00 May B	• U00000944977 05/29/08-80120-024 150.00	
10. OFFICERS AND DIRECTORS		7. ACC 3.7. (2. 45.24.1)		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SIKES, RICHARD E 419 SHAMROCK ROAD ST AUGUSTINE, FL 32086			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
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THLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS				

12. I hereby certify that the information supplied with this filling 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

RICHARD E SIKES 4-23-08

904-797-7317

Daytime Phone #