2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 11, 2008 8:00 am Secretary of State 01-11-2008 90057 039 ***150.00

DOCUMENT # P0700085609 1. Entity Name MYRNA GITTENS DAVIS PARADISE PAVILION INC						01-11-2000	1	30.00
Principal Place of Business 6181 WESCONETT BLVD JACKSONVILLE, FL 32244		Mailing Address 6181 WESCONETT BLVD JACKSONVILLE, FL 32244		40001300				
Principal Place of Business - No P.O. Box # 3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01072008	Chg-P	CR2E034 (12/06)	
City & State		City & State		4. FEI Numbe			pplied For ot Applicable	
Zip	Country	Zip	Coun	itry	5. Certificate	of Status Desired	S8.75 Ad Fee Require	
	6. Name and Address of Current	Registered Agent		Name	7. Name and	Address of New R	legistered Agent	
GITTENDAVIS, MYRNA				Name				
6181 WESCONETT BLVD JACKSONVILLE, FL 32244			Street Address (P.O. Box Number is Not Acceptable)					
				City			FL Zip Coo	je
The above named entity submits this statement for the purpose of changing its registere				ed office or regist	ered agent, or bot	n, in the State of Fk		, and accept
	ions of registered agent.	w the perpendicular and the	o i o groto.		or or agorn, or oo.	,		,
SIGNATURE_								
	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Regustere	id Agent signature requir	ed 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 Ided to Fees			
10.	OFFICERS AND	DIRECTORS	11.	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/	CHANGES TO OFF	ICERS AND DIRECTOR	S IN 11
TITLE	P	☐ Delete	TITU				☐ Change	Addition
NAME	GITTENDAVIS, MYRNA NA							
STREET ADDRESS CITY-ST-27P			ET ADDRESS -ST-ZIP				ı	
TITLE	V Delete IIII.					☐ Change	☐ Addition	
NAME	GITTENDAVIS, MYRNA	□ Deate	NAM				[] Orlange	L. Modition
STREET ADDRESS	6181 WESCONETT BLVD			EET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE, FL 32244		CITY	-ST-ZIP				
TITLE	D CITTENDAVIC MYDNA	☐ Delete	TITL				☐ Change	Addition
NAME STREET ADDRESS	GITTENDAVIS, MYRNA 6181 WESCONETT BLVD		NAM STRI	EET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE, FL 32244			-S1-ZIP				
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NAME			NAM					
STREET ADDRESS			STR	EET AODRESS				
U.114-51-20P				į.				
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TITLE NAME		☐ Delete		'-ST-ZIP E			Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			CITY TITL NAM STRI	r-St-ZIP E E E E ET ADDRESS r-St-ZIP				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			CITY TITL NAM STRI CITY TITL NAM	Y-ST-ZIP E E EET ADDRESS Y-ST-ZIP E				

12. Thereby 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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE: 1