

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P30174

FILED
Mar 27, 2009
Secretary of State

Entity Name: PARADIES-JACKSONVILLE, INC.

Current Principal Place of Business:

JACKSONVILLE INTERNATIONAL AIRPORT
JACKSONVILLE, FL 32229 US

New Principal Place of Business:

Current Mailing Address:

5950 FULTON INDUSTRIAL BLVD. SW
ATLANTA, GA 303362717 US

New Mailing Address:

FEI Number: 58-1842583

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: SRVP () Delete
Name: MAREK, DON
Address: 5950 FULTON INDUSTRIAL BLVD SW
City-St-Zip: ATLANTA, GA 30336

Title: SRVP () Delete
Name: BOTTINO, LOU,
Address: 5950 FULTON INDUS. BLVD.
City-St-Zip: ATLANTA, GA 30336

Title: EXVP () Delete
Name: PARADIES, JAMES N.,
Address: 5950 FULTON INDUS. BLVD.
City-St-Zip: ATLANTA, GA

Title: VD () Delete
Name: PAYNE, WILLARD,
Address: 1768 DAVIS STREET
City-St-Zip: JACKSONVILLE, FL

Title: VD () Delete
Name: ROGERS, PATTERSON,
Address: 3554 RICHMOND ST.
City-St-Zip: JACKSONVILLE, FL 32205

Title: P/D () Delete
Name: PARADIES, GREGG,
Address: 5950 FULTON INDUS. BLVD.
City-St-Zip: ATLANTA, GA 30336

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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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: DON MAREK

SRVP

03/27/2009

Electronic Signature of Signing Officer or Director

Date