

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P34009

FILED
Jan 12, 2004
Secretary of State

Entity Name: PARAGON SERVICES INC. OF CAPE CANAVERAL, FL

Current Principal Place of Business:

7777 N. WICKHAM RD
#14
MELBOURNE, FL 32940 US

New Principal Place of Business:

Current Mailing Address:

1645 WESTPORT ROAD
MERRITT ISLAND, FL 32952 US

New Mailing Address:

FEI Number: 59-3042514 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GRIFFIN, SUSAN G.
1645 WESTPORT RD.
MERRITT ISLAND, FL 32952

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: S () Delete
Name: GRIFFIN, CLYDE C
Address: 1645 WESTPORT RD.
City-St-Zip: MERRITT ISLAND, FL

Title: CD () Delete
Name: GRIFFIN, SUSAN G.,
Address: 1645 WESTPORT RD.
City-St-Zip: MERRITT ISLAND, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
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 for the exemption stated in Section 119.07(3)(i), 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: CLYDE C GRIFFIN

Electronic Signature of Signing Officer or Director

SECR

01/12/2004

Date