

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 29, 2004 8:00 am
Secretary of State

07-29-2004 90005 017 ***150.00

DOCUMENT # P93000020007

1. Entity Name

SUNSHINE PARADISE, INC.



Principal Place of Business

2430 SHADOW LAWN DR
SUITE 11
NAPLES FL 34112
US

Mailing Address

2430 SHADOW LAWN DR
STE 11
NAPLES FL 34112
US

54065693



MOORE

CR2E034 (4/04)

2. Principal Place of Business

161 SW PALM DR.

3. Mailing Address

161 SW PALM DR.

Suite, Apt. #, etc.

#-208

Suite, Apt. #, etc.

#-208

City & State

PORT ST. LUCIE

City & State

PORT ST. LUCIE

Zip

34886

Country

FL

Zip

34886

Country

FL

4. FEI Number

65-0397286

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

-RAPHAEL, HARTWIG
2450 SHADOWLAW DR.
SUITE 11
NAPLES FL 34112

7. Name and Address of New Registered Agent

Name: RAPHAEL, HARTWIG
Street Address (P.O. Box Number is Not Acceptable): 161 SW PALM DR.
#-208
City: PORT ST. LUCIE FL Zip Code: 34886

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 \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: VSTD
NAME: RAPHAEL, HARTWIG G
STREET ADDRESS: 2430 SHADOWLANE DRIVE 11
CITY-ST-ZIP: MONTGOMERY AL 36112 ☐ Delete

TITLE: P
NAME: RAPHAEL, JUTTA F.
STREET ADDRESS: 2430 SHADOWLANE, STE 11
CITY-ST-ZIP: MONTGOMERY AL 36112 ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
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CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☒ Change ☐ Addition
NAME: ☒ Change ☐ Addition
STREET ADDRESS: 161 SW PALM DR. #-208
CITY-ST-ZIP: PORT ST. LUCIE, FL 34886

TITLE: ☒ Change ☐ Addition
NAME: ☒ Change ☐ Addition
STREET ADDRESS: 161 SW PALM DR., #-208
CITY-ST-ZIP: PORT ST. LUCIE, FL 34886

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

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TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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

Date

Daytime Phone #

7-26-04 772-879-3891