

# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # P93000088150</b>					
<b>1. Entity Name</b> PARADISE PLUS, INC.					
<b>Principal Place of Business</b> 916 FLORIDA AVE COCOA, FL 32922 US			<b>Mailing Address</b> 6760-3101 NORTH COCOA BLVD. COCOA, FL 32927		
<b>2. Principal Place of Business</b> 916 Florida Avenue Suite, Apt. #, etc.		<b>3. Mailing Address</b> 916 Florida Avenue Suite, Apt. #, etc.			
<b>City &amp; State</b> Cocoa FL		<b>City &amp; State</b> Cocoa FL		<b>4. FEI Number</b> 59-3215449	
<b>Zip</b> 32922		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> DANIELS, E D 6760-3101 NORTH COCOA BLVD. COCOA, FL 32927			<b>7. Name and Address of New Registered Agent</b> Name Shelly W. Sutterfield Street Address (P.O. Box Number is Not Acceptable) 3556 Bryce Street City Cocoa FL Zip Code 32926		
<b>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.</b> SIGNATURE: <u>Shelly W. Sutterfield</u> <span style="float: right;">Shelly W. Sutterfield 10/28/04</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Amended AR is \$61.25</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> PD <b>NAME</b> DANIELS, PATRICIA N <b>STREET ADDRESS</b> 6760-3101 NORTH COCOA BLVD. <b>CITY-ST-ZIP</b> COCOA, FL 32927	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> William E. Sutterfield <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>NAME</b> PD <b>STREET ADDRESS</b> 916 Florida Ave <b>CITY-ST-ZIP</b> Cocoa FL 32922	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> SD <b>NAME</b> DANIELS, E D <b>STREET ADDRESS</b> 6760-3101 NORTH COCOA BLVD. <b>CITY-ST-ZIP</b> COCOA, FL 32927	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>NAME</b> Shelly Sutterfield <b>STREET ADDRESS</b> 916 Florida Ave <b>CITY-ST-ZIP</b> Cocoa FL 32922	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>William E. Sutterfield</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			President		10/28/04 <small>Date Daytime Phone #</small>

WILLIAM E. SUTTERFIELD

FILED

04 NOV -1 AM 11:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10272004 Chg-P CR2E034 (10/03)

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name  
Shelly W. Sutterfield  
Street Address (P.O. Box Number is Not Acceptable)  
3556 Bryce Street

City Cocoa FL Zip Code  
32926

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: Shelly W. Sutterfield Shelly W. Sutterfield 10/28/04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

**TITLE**  
PD  
**NAME**  
DANIELS, PATRICIA N  
**STREET ADDRESS**  
6760-3101 NORTH COCOA BLVD.  
**CITY-ST-ZIP**  
COCOA, FL 32927

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**TITLE**  
SD  
**NAME**  
DANIELS, E D  
**STREET ADDRESS**  
6760-3101 NORTH COCOA BLVD.  
**CITY-ST-ZIP**  
COCOA, FL 32927

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

**TITLE**  
William E. Sutterfield ☒ Change ☐ Addition  
**NAME**  
PD  
**STREET ADDRESS**  
916 Florida Ave  
**CITY-ST-ZIP**  
Cocoa FL 32922

**TITLE**  
STD ☒ Change ☐ Addition  
**NAME**  
Shelly Sutterfield  
**STREET ADDRESS**  
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Cocoa FL 32922

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**CITY-ST-ZIP**

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**SIGNATURE:** William E. Sutterfield President 10/28/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #