

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000005904

Entity Name: PARAGON FLORIDA REALTY, INC.

FILED  
Jul 19, 2006  
Secretary of State

**Current Principal Place of Business:**

6371 ARC WAY  
UNIT #2  
FORT MYERS, FL 33912

**New Principal Place of Business:**

**Current Mailing Address:**

6371 ARC WAY  
UNIT #2  
FORT MYERS, FL 33912

**New Mailing Address:**

FEI Number: 65-0461915      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WORKMAN, DAVID J  
PARAGON FLORIDA REALTY  
6371-2 ARC WAY  
FT. MYERS, FL 33912 US

**Name and Address of New Registered Agent:**

WORKMAN, LUANN S  
PARAGON FLORIDA REALTY  
6371-2 ARC WAY  
FT. MYERS, FL 33912 US

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: LUANN S WORKMAN      07/19/2006  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: WORKMAN, DAVID J  
Address: 16330 FAIRWAY WOODS DR., #1703  
City-St-Zip: FT. MYERS, FL

Title: VP (X) Delete  
Name: WORKMAN, LUANN  
Address: 16330 FAIRWAY WOODS DR., #1703  
City-St-Zip: FT. MYERS, FL 33908

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: WORKMAN, LUANN S  
Address: 6371-2 ARC WAY  
City-St-Zip: FT. MYERS, FL 33912

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 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: LUANN S WORKMAN      P      07/19/2006  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date