


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Sep 03, 2004 08:00 AM  
Secretary of State**

<b>DOCUMENT # P94000031620</b> 1. Entity Name <b>PARAGON MARKETING SPECIALTIES, INC.</b>	
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Principal Place of Business <b>352 NE 3RD AVE DELRAY BEACH, FL 33444 US</b>	Mailing Address <b>352 NE 3RD AVE DELRAY BEACH, FL 33444 US</b>
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09012004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0492435</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>RADABAUGH, RENEE L 352 NE 3RD AVE DELRAY BEACH, FL 33444</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

In accordance with s. 607.183(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>RADABAUGH, RENEE L 976 BANYAN DR. DELRAY BEACH, FL 33483</b>
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09/03/04-80003-022 150.00

**DO NOT WRITE  
IN THIS SPACE**

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

9/1/2004

Date

561 243-3038

Daytime Phone #