

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 17, 2005 8:00 am**  
**Secretary of State**

07-07-2005 90001 021 \*\*\*150.00  
08-17-2005 90003 032 \*\*\*400.00

**DOCUMENT # P94000031620**

1. Entity Name  
**PARAGON MARKETING SPECIALTIES, INC.**



Principal Place of Business  
**352 NE 3RD AVE  
DELRAY BEACH, FL 33444 US**

Mailing Address  
**352 NE 3RD AVE  
DELRAY BEACH, FL 33444 US**

**DO NOT WRITE IN THIS SPACE**



07012005 No Chg-P CR2E034 (10/03)

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 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**RADABAUGH, RENEE L  
352 NE 3RD AVE  
DELRAY BEACH, FL 33444**

**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

*Renee Radb*

Signature, typed or printed name of registered agent, and state if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**6/31/05**

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	RADABAUGH, RENEE L
STREET ADDRESS	976 BANYAN DR.
CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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)(f), 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:

*Renee Radb*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/05/06**

Date

Daytime Phone #



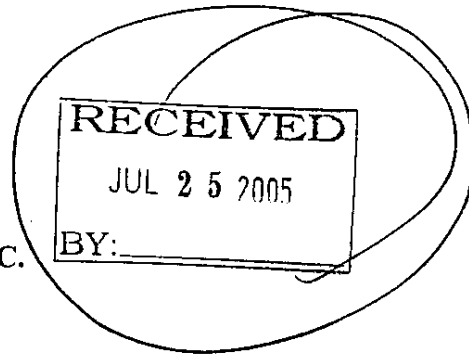
ATTACHMENT  
SD062069 *Lanner*

*Talk to Rick*

FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

July 11, 2005

PARAGON MARKETING SPECIALTIES, INC.  
352 NE 3RD AVE  
DELRAY BEACH, FL 33444 US



Subject: PARAGON MARKETING SPECIALTIES, INC.

Reference Number: **P94000031620**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$400.00.

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/JD  
ANNUAL REPORTS SECTION