


FILED
Apr 30, 2004 08:00 AM
Secretary of State

000000000000 P94000058588		1. Entity Name MARATHON PARADISE INC.			
Principal Place of Business 12648 OVERSEAS HIGHWAY MARATHON, FL 33050		Mailing Address 12648 OVERSEAS HIGHWAY MARATHON, FL 33050			
<div>DO NOT WRITE IN THIS SPACE</div>					
				<div>01152004</div> <div>4. FEI Number 65-0519259</div> <div>5. Certificate of Status Desired <input type="checkbox"/> \$8.75</div>	
6. Name and Address of Current Registered Agent MILLER, ROBERT K ESQ. 2975 OVERSEAS HWY MARATHON, FL 33050				<div>DO NOT WRITE IN THIS SPACE</div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00			
10. OFFICERS AND DIRECTORS		<div>DO NOT WRITE IN THIS SPACE</div>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		PD CHAPMAN, GREGG M 12648 OVERSEAS HIGHWAY MARATHON, FL 33050			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		STD CHAPMAN, CYNTHIA L 12648 OVERSEAS HIGHWAY MARATHON, FL 33050			
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
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TITLE NAME STREET ADDRESS CITY - ST - ZIP					
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
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 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		4-27-04			