

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 FEB 23 AM 10:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**DOCUMENT # P94000063445**

1. Entity Name  
**PARADISE REFERRAL REAL ESTATE CO. INC.**

Principal Place of Business  
7061 S TAMiami TRl  
SARASOTA, FL 34231 US

Mailing Address  
7794 HOLIDAY DRIVE  
SUITE H  
SARASOTA, FL 34231 US



02122004 Chg-P CR2E034 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0518738**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**HEKKER, LOIS M  
7794 HOLIDAY DRIVE  
SARASOTA, FL 34231-5314**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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  
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE: **PST**  Delete  
NAME: **HEKKER, LOIS M.**  
STREET ADDRESS: **7794 HOLIDAY DRIVE**  
CITY-ST-ZIP: **SARASOTA, FL 34231**

TITLE: **VP**  Delete  
NAME: **BOHACK, WILLIAM C**  
STREET ADDRESS: **7794 HOLIDAY DR**  
CITY-ST-ZIP: **SARASOTA, FL 34231**

TITLE:  Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE:  Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE:  Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE:  Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:  Change  Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE:  Change  Addition  
NAME:  
STREET ADDRESS: **500029312315**  
CITY-ST-ZIP: **02/24/04--01047--021 \*\*150.00**

TITLE:  Change  Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE:  Change  Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE:  Change  Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE:  Change  Addition  
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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lois M. Hekker* **Lois M. Hekker** 2/24/04 944-349-9800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #