2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 15, 2004 8:00 am Secretary of State DOCUMENT # P94000064269~ 1. Entity Name 03-15-2004 90033 027 ***150.00 PARADIGM DEVELOPMENT & CONSTRUCTION, INC. Principal Place of Business Mailing Address 900 E INDIANTOWN RD 900 E INDIAN TOWN RD STE 302 JUPITER FL 33477 STE 302 JUPITER FL 33477 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc CR2E034 (11/03) City & State Applied For City & State 4. FEI Number 65-0514001 Not Applicable Zip U Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WATKINS, WILLIAM M-900 E INDIANTOWN RD **STE 302** JUPITER FL 33477 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **CVTD** TITLE ☐ Delete TITLE Change ☐ Addition WATKINS, LESTER L JR. NAME NAME 5551 OAKMONT DR STREET ADDRESS STREET ADDRESS CITY-ST-7IP PACE FL 32571 CITY-ST-ZIP PSD Change TITLE ☐ Delete TITLE Addition WATKINS, WILLIAM M NAME NAME STREET ADDRESS 155 ANDOVER DR STREET ADDRESS CITY-ST-ZIE JUPITER FL 33458 CITY-ST-ZIP Change TITLE ∠ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

FILED