


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90188 008 ***150.00

DOCUMENT # P95000035730	
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1. Entity Name PEACE OF PARADISE, INC.	Principal Place of Business 309 SW 15TH ST. OKEECHOBEE, FL 34974 US	Mailing Address P.O. BOX 759 OKEECHOBEE, FL 34973 US
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2. Principal Place of Business - No P.O. Box # 3285 SW 28th STREET	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State OKEECHOBEE, FL	City & State
Zip 34974	Country US



01172008 Chg-P CR2E034 (12/06)

4. FEI Number 65-0587525	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WILLIAMSON, JENNIFER L ESQ. 555 COLORADO AVE. STUART, FL 34994	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HAVERLOCK, HERSCHEL R SR. 309 SW 15TH ST OKEECHOBEE, FL 34974 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HAVERLOCK, HERSCHEL R SR. 3285 SW 28th STREET OKEECHOBEE, FL 34974 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HAVERLOCK, FAYE A 309 SW 15TH ST OKEECHOBEE, FL 34974 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HAVERLOCK, FAYE A 3285 SW 28th STREET OKEECHOBEE, FL 34974 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: James A. Haverlock, Sec 2-6-08 863-763-7885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #