


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90259 036 ***150.00

DOCUMENT # P95000053871					
1. Entity Name PARADISE OF PORT RICHEY, INC.					
Principal Place of Business 6207 RIDGE RD. PORT RICHEY, FL 34668			Mailing Address 6207 RIDGE RD. PORT RICHEY, FL 34668		
2. Principal Place of Business 6520 Ridge Rd		3. Mailing Address 6520 Ridge Rd			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number 65-0624633				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHALLES, LARRY C 5728 MAIN ST. NEW PORT RICHEY, FL 34652			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME KOLOKITHAS, BASILIUS		<input type="checkbox"/> Delete	TITLE Change	<input type="checkbox"/> Addition
STREET ADDRESS 6207 RIDGE RD.	CITY-ST-ZIP PORT RICHEY, FL 34668		STREET ADDRESS 6520 Ridge Rd	CITY-ST-ZIP	
TITLE VS	NAME KOLOKITHAS, ALEX		<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS 6207 RIDGE RD.	CITY-ST-ZIP PORT RICHEY, FL 34668		STREET ADDRESS 6520 Ridge Rd	CITY-ST-ZIP	
TITLE _____	NAME _____		<input type="checkbox"/> Delete	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS _____	CITY-ST-ZIP _____		STREET ADDRESS _____	CITY-ST-ZIP	
TITLE _____	NAME _____		<input type="checkbox"/> Delete	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS _____	CITY-ST-ZIP _____		STREET ADDRESS _____	CITY-ST-ZIP	
TITLE _____	NAME _____		<input type="checkbox"/> Delete	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS _____	CITY-ST-ZIP _____		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: <u>Alex Kolokithas</u>			3-15-04 727-8492789		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		