


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000004605</b>	
1. Entity Name <b>PARADISE METAL WORKS, INC.</b>	

Principal Place of Business <b>2165 12TH STREET SARASOTA, FL 34237 US</b>	Mailing Address <b>2165 12TH STREET SARASOTA, FL 34237 US</b>
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04072006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3357034</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>PAULEY, PATRICIA J 4725 SARASOTA AVENUE SARASOTA, FL 34234</b>
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IN THIS SPACE**

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 *Patricia J Pauley* (NOTE: Registered Agent signature required when relocating) DATE 4-7-06

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>PAULEY, JEROME E 4725 SARASOTA AVE SARASOTA, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>REECE, KARI J 3940 BEEBER ST NORTH PORT, FL 342872965</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>REECE, MICHAEL T 3940 BEEBER ST NORTH PORT, FL 342872965</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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05/05/06-80042-008 150.00

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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 *Kari J. Reece* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE 4/7/06 (941) 331-4381 Daytime Phone #