2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000006608

1. Entity Name
PARADISE PROPERTY APPRAISALS, INC.

Principal Place of Business	Mailing Address
681 AVENIDA DE MAYO SARASOTA, FL 34242	681 AVENIDA DE MAYO SARASOTA, FL 34242

05012004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0847604

Applied For ☐
Not Applicable ☐

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

6. Name and Address of Current Registered Agent

LIKENS, CHRISTOPHER A
1800 2ND STREET, #870
SARASOTA, FL 34236

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.

U00000151720
05/04/04-80058-004 150.00

SIGNATURE _____ DATE
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 Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CUSHING, LISA A
STREET ADDRESS	681 AVENIDA DE MAYO
CITY-ST-ZIP	SARASOTA, FL 34242
TITLE	D
NAME	CUSHING, RALPH J
STREET ADDRESS	681 AVENDIA DE MAYO
CITY-ST-ZIP	SARASOTA, FL 34242
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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)( ). 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: RALPH J. CUSHING 4-30-04 941-346-2531
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #