

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # P96000032184

1. Entity Name

PARADISE VENDING OF NORTH FLORIDA, INC.



Principal Place of Business

7457 DUCLAY FOREST DRIVE E
JACKSONVILLE, FL 32244

Mailing Address

7457 DUCLAY FOREST DRIVE E
JACKSONVILLE, FL 32244



03162007

No Chg-P

CR2E034 (11/05)

4. FEI Number

59-3374679

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SUTTON, JOHN L
7457 DUCLAY FOREST DRIVE E
JACKSONVILLE, FL 32244

**DO NOT WRITE
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME SUTTON, JOHN L
STREET ADDRESS 7457 DUCLAY FOREST DRIVE E
CITY-ST-ZIP JACKSONVILLE, FL 32244

TITLE D
NAME SUTTON, JEFF L
STREET ADDRESS 7457 DUCLAY FOREST DRIVE E
CITY-ST-ZIP JACKSONVILLE, FL 32244

TITLE D
NAME SUTTON, C. SCOTT
STREET ADDRESS 7457 DUCLAY FOREST DRIVE E
CITY-ST-ZIP JACKSONVILLE, FL 32244

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

000000669638
03/27/07-80080-013 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John Sutton - JOHN Sutton

3/16/07

904-778-4955