


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000049987	
1. Entity Name ROSE GARDEN PARADISE, INC.	

Principal Place of Business 5503 S.W. 6TH AVENUE CAPE CORAL, FL 33914	Mailing Address 1318 LAFAYETTE STREET CAPE CORAL, FL 33904
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DO NOT WRITE IN THIS SPACE



02252004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0792009	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	
HILL, THOMAS W 1318 LAFAYETTE ST CAPE CORAL, FL 33904	

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	000000086092 03/12/04-80010-012 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ORTEGEL, JOERN-CHRISTOF AM HAUENBODEN 1 63768 HOESBACH/GERMANY,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FRANCOISE DE LA FREGONNIERE-ORTEGEL AM HAUENBODEN 1 63768 HOESBACH/GERMANY,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HILL, THOMAS W 1318 LAFAYETTE ST. CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Thomas W. Hill* **Thomas W. Hill** **2/25/04** **239-549-2444**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #