


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90467 018 ***158.75

DOCUMENT # P97000066805
1. Entity Name
COUNTRY PARADISE PROPERTIES, INC.



Principal Place of Business **Mailing Address**
1860A ISHERWOOD TERRACE **1860A ISHERWOOD TERRACE**
ST AUGUSTINE FL 32092 **ST AUGUSTINE FL 32092**

2. Principal Place of Business **3. Mailing Address**
1860A Isherwood Terrace *1860A Isherwood Terrace*
 Suite, Apt. #, etc. Suite, Apt. #, etc.



MOORE CR2E034 (11/03)

City & State **City & State**

4. FEI Number **Applied For**
59-3461152 **Not Applicable**

Zip **Country** **Zip** **Country**

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

6. Name and Address of Current Registered Agent
MILLER, PEGGY M
1860-C ISHERWOOD TERRACE
ST AUGUSTINE FL 32092

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
1860A Isherwood Terrace
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 *Peggy M. Miller* **DATE** *4-24-04*
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
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MILLER, FRED R	
STREET ADDRESS	1860-A ISHERWOOD TERRACE	
CITY-ST-ZIP	ST AUGUSTINE FL 32092	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MILLER, PEGGY M	
STREET ADDRESS	1860-A ISHERWOOD TERRACE	
CITY-ST-ZIP	ST AUGUSTINE FL 32092	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MILLER, MICHAEL S	
STREET ADDRESS	1860-A ISHERWOOD TERRACE	
CITY-ST-ZIP	ST AUGUSTINE FL 32092	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MITCHEM, SHERRY R	
STREET ADDRESS	5325 JOHNATHAN ROAD	
CITY-ST-ZIP	HASTINGS FL 32145	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MILLER, DAVID A	
STREET ADDRESS	1860-A ISHERWOOD TERRACE	
CITY-ST-ZIP	ST AUGUSTINE FL 32092	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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: *Peggy M. Miller* *Peggy M. Miller* **DATE** *4-24-04* *(904) 829-3390*
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #