2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000066805

MILLER, DAVID A

1860-A ISHERWOOD TERRACE

ST AUGUSTINE, FL 32092

Name:

Address:

City-St-Zip:

Entity Name: COUNTRY PARADISE PROPERTIES, INC

FILED Apr 14, 2005 Secretary of State

Entity Nai	me: COUNTR	(Y PARADISE PROPERTI	ES, INC.			
Current P	rincipal Place	of Business:	New Pri	New Principal Place of Business:		
	IERWOOD TE STINE, FL 320					
Current Mailing Address:			New Ma	New Mailing Address:		
	IERWOOD TE STINE, FL 320					
FEI Number	: 59-3461152	FEI Number Applied For () FEI Number Not Ap	oplicable ()	Certificate of Status Desired (X)	
Name and	Address of C	urrent Registered Agen	t: Name ar	nd Address	of New Registered Agent:	
	PEGGY M IERWOOD TE STINE, FL 320					
	named entity : e of Florida.	submits this statement for	the purpose of changing	g its register	red office or registered agent, or both,	
SIGNATUI	RE:					
	Electror	nic Signature of Registered	d Agent		Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	MILLER, FRED	WOOD TERRACE	Title: Name: Address: City-St-Zip	ı:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MILLER, PEGG	WOOD TERRACE	Title: Name: Address: City-St-Zip	:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MILLER, MICH	WOOD TERRACE	Title: Name: Address: City-St-Zip	ı:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () MITCHEM, SHE 5325 JOHNATH HASTINGS, FL	IAN ROAD	Title: Name: Address: City-St-Zip	4155 VER	(X) Change () Addition , SHERRY R MONT BLVD. FL 32033	
Title:	VP () Delete	Title:	VP	(X) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

MILLER, DAVID A

ELKTON, FL 32033

3401 - 6TH STREET - VERMONT HGTS

SIGNATURE: PEGGY M. MILLER ST 04/14/2005