

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90070 024 \*\*\*150.00

40062303



03262007 Chg-P CR2E034 (12/06)

<b>DOCUMENT # P98000020043</b> 1. Entity Name <b>PARAGON COMMUNITIES CORPORATION</b>																																					
Principal Place of Business <b>3020 COLONIAL RIDGE DR. BRANDON, FL 33511</b>			Mailing Address <b>3020 COLONIAL RIDGE DR. BRANDON, FL 33511</b>																																		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.																																			
City & State		City & State		4. FEI Number <b>59-3500764</b>																																	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																	
6. Name and Address of Current Registered Agent  <b>MCDERMOTT, MICHAEL J 791 WEST LUMSDEN ROAD BRANDON, FL 33511</b>				7. Name and Address of New Registered Agent Name <b>Harvey Tucker</b> Street Address (P.O. Box Number is Not Acceptable) <b>772 W Lumsden Rd</b> City <b>Brandon</b> <b>FL</b> Zip Code <b>33511</b>																																	
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 the registered agent. SIGNATURE <u><i>Harvey Tucker</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____																																					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																		
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <b>DP TUCKER, HARVEY L 3020 COLONIAL RIDGE DR. BRANDON, FL 33511</b> <input type="checkbox"/> Delete         </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP TUCKER, HARVEY L 3020 COLONIAL RIDGE DR. BRANDON, FL 33511</b> <input type="checkbox"/> Delete															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition														
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP TUCKER, HARVEY L 3020 COLONIAL RIDGE DR. BRANDON, FL 33511</b> <input type="checkbox"/> Delete																																				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																				
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: <u><i>Harvey Tucker</i></u> <b>3/26/07</b> <b>813-6816124</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #																																					