

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 16, 2008 8:00 am
Secretary of State

05-16-2008 90026 010 ***150.00

DOCUMENT # P98000077627

1. Entity Name

PARADISE TRANSMISSION SERVICE, INC.



Principal Place of Business

5628 MCDONALD AVENUE
KEY WEST FL 33040

Mailing Address

P.O. BOX 5428
KEY WEST FL 33040

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0891212

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/07)



6. Name and Address of Current Registered Agent

BLOOMQUIST, ROBERT
1426 FLAGLER AVENUE
KEY WEST FL 33040

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

17071 MARLIN DR.

SUGARLOAF Key

City

FL

Zip Code

33042

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 reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME BLOOMQUIST, ROBERT
STREET ADDRESS 17071 MARLIN DR.
CITY-ST-ZIP SUGARLOAF KEY FL ~~33042~~

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP Zip code → 33042

TITLE SM ☐ Delete
NAME BLOOMQUIST, PATRICIA
STREET ADDRESS 17071 MARLIN DR.
CITY-ST-ZIP SUGARLOAF KEY FL ~~33042~~

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP Zip code → 33042

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Patricia Bloomquist (PATRICIA BLOOMQUIST)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/08

Date

3052930923

Daytime Phone #