2012 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P98000077627

1. Entity Name
PARADISE TRANSMISSION SERVICE, INC.

Principal Place of Business	Mailing Address
5628 MCDONALD AVENUE KEY WEST, FL 33040	P.O. BOX 5428 KEY WEST, FL 33045

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

12 MAY -4 PM 2:27

04202012   Chg-P   CR2E034 (12/11)

4. FEI Number   65-0891212   Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BLOOMQUIST, ROBERT 17071 MARLIN DR SUMMERLAND KEY, FL 33042	Name Street Address (P.O. Box Number is Not Acceptable) 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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2012 Fee will be $550.00

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	TITLE	☐ Change ☐ Addition
NAME BLOOMQUIST, ROBERT		NAME	
STREET ADDRESS 17071 MARLIN DR.		STREET ADDRESS	
CITY-ST-ZIP SUMMERLAND KEY, FL 33042		CITY-ST-ZIP	
TITLE **VST**	☐ Delete	TITLE	☐ Change ☐ Addition
NAME BLOOMQUIST, PATRICIA		NAME	
STREET ADDRESS 17071 MARLIN DR.		STREET ADDRESS	
CITY-ST-ZIP SUMMERLAND KEY, FL 33042		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	8002346919838
STREET ADDRESS		STREET ADDRESS	05/03/12--01021--012 **150.00
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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.

A. DUNLAP

SIGNATURE: _____ 4/29/12

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   DATE   E-MAIL ADDRESS