


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90006 042 ***150.00

DOCUMENT # P99000001484	
1. Entity Name PARADISE ORCHIDS, INC.	

Principal Place of Business 26200 US HIGHWAY 27 LEESBURG, FL 34748-9021	Mailing Address 24240 TURKEY LAKE ROAD HOWEY IN THE HILLS, FL 34737
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2. Principal Place of Business - No P.O. Box # 24240 Turkey Lake Road	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Howey In The Hills, FL	City & State
Zip 34737	Country USA

40022300



02172007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0888852		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent BATCHELOR, ELLEN K 24240 TURKEY LAKE ROAD HOWEY IN THE HILLS, FL 34737		7. Name and Address of New Registered Agent
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, 2007 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 NAME STREET ADDRESS CITY-ST-ZIP	PTD BATCHELOR, ELLEN K 24240 TURKEY LAKE ROAD HOWEY IN THE HILLS, FL 34737 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD BATCHELOR, ANDREW J 24240 TURKEY LAKE ROAD HOWEY IN THE HILLS, FL 34737 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Ellen K Batchelor **Ellen K. Batchelor**

2-20-07

(352) 267-6933

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #