


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000031700

1. Entity Name
PALMS OF PARADISE, INC.



Principal Place of Business 2735 BRANDYBUCK TRAIL JACKSONVILLE, FL 32223	Mailing Address PO BOX 24694 JACKSONVILLE, FL 32241
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01152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3567714	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MONTGOMERY, JAMES A
 2735 BRANDYBUCK TRAIL
 JACKSONVILLE, FL 32223**

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating)

15 January 2008
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000789183
 01/22/08-80015-016 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FARRIS, JULIAN E 2735 BRANDYBUCK TR JACKSONVILLE, FL 32223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MONTGOMERY, JAMES A 2735 BRANDYBUCK TR JACKSONVILLE, FL 32223
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DO NOT WRITE IN THIS SPACE

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: James A. Montgomery **James A. Montgomery** BY JAN 08 904 268 0277

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #