

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90033 047 ***150.00

DOCUMENT # S06464 1. Entity Name PARADISE DESTINATIONS, INC.					
Principal Place of Business 15880 SUMMERLIN RD SUITE 101 FT. MYERS, FL 33907			Mailing Address 12670 NEW BRITTANY BLVD. SUITE 101 FT. MYERS, FL 33907		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address JOHN M. WICKER, P.A. P.O. DRAWER 60205 FORT MYERS, FL 33906			
City & State Zip Country		City & State Zip Country		4. FEI Number 65-0222459	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent ROYSTON, ROBERT D., JR. 12670 NEW BRITTANY BLVD., SUITE 101 FORT MYERS, FL 33907			7. Name and Address of New Registered Agent Name JOHN M. WICKER, P.A. Street 12670 NEW BRITTANY BLVD., STE 101 City FORT MYERS, FL 33907 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 DATE 3/11/08 Signature, typed or printed name of registered agent is to be filled in applicable (NOTE: Registered Agent's signature required when no corporation)					
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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P INTOGNA, THOMAS E. 15880 SUMMERLIN RD STE 106 FORT MYERS, FL 33908 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 8503 FAIRWAY BEND DR. FORT MYERS, FL 33967		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD INTOGNA, NANCY E. 15880 SUMMERLIN STE 106 FORT MYERS, FL 33908 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 8503 FAIRWAY BEND DR FORT MYERS, FL 33967		
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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: NANCY E INTOGNA VP 2-28-08 2394669535 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					