ANNUAL REPORT

DOCUMENT # S88564

1. Entity Name
PARADISE ISLE OF MILTON INVESTMENTS, INC.

Jul 11,
Sec

Principal Place of Business	Mailing Address
6640 NICHOLS DR MILTON, FL 32570 US	6640 NICHOLS DR MILTON, FL 32570 US

07042005 No Chg-P CR2E034 (10/03)

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4. FEI Number
59-3112447
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROTTENBERRY, CHARLES K.
7649 RIVER ROAD
MILTON, FL 32583

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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
Signature, typed or printed name of registered agent and title if officer (NOTE: Registered Agent signature required for mailing)

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	ROTTENBERRY, CHARLES K.
STREET ADDRESS	7649 RIVER RD.
CITY ST ZIP	MILTON, FL
TITLE	DV
NAME	BLEUEL, HOWARD L JR
STREET ADDRESS	6640 NICHOLS DR
CITY ST ZIP	MILTON, FL 32570
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
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NAME	
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CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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07/11/05-80008-015 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Howard L Bleuel 7-2-05 850 981 1631
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #