

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2008 08:00 AM
Secretary of State

DOCUMENT # V69139

1. Entity Name
PARADISE GROWERS, INC.



Principal Place of Business
**1200 W DR. M.L. KING JR. BLVD.
PLANT CITY, FL 33563 US**

Mailing Address
**P.O. DRAWER Y
PLANT CITY, FL 33564 US**

DO NOT WRITE IN THIS SPACE



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LASKOWITZ, JACK
1200 W. DR. MARTIN LUTHER KING JR. BLVD.
PLANT CITY, FL 33563**

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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 _____

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when constituting)

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**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC GORDON, MELVIN S 1200 W DR. M.L. KING JR. BLVD. PLANT CITY, FL 33563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GORDON, RANDY S 1200 W. DR MLK JR. BLVD. PLANT CITY, FL 33563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SCHULIS, TRACY W 1200 W. DR MLK JR BLVD. PLANT CITY, FL 33563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVP GORDON, MARK 1200 W. DR. MLK. JR. BLVD PLANT CITY, FL 33563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/11/08-80042-024 150.00

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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: *J. Laskowitz* **J. Laskowitz**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #