2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State
04-30-2004 90225 042 ***150.00

DOCUMENT # 654234

1. Entity Name
PAMER COMPANY, INC.

Principal Place of Business	Mailing Address
~~P.O. BOX 2821~~ ~~BOCA RATON~~, FL 33427	~~P.O. BOX 2821~~ ~~BOCA RATON~~, FL 33427

04212004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
2315 S. Indian River Dr	P.O. Box 3522
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft. Pierce, FL	City & State: Ft. Pierce, FL
Zip: 34950 Country: USA	Zip: 34948 Country:

4. FEI Number: 59-2842106 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PAMER, JOHN M.
~~20942 SPRING TERR.~~
~~BOCA RATON, FL 33428~~

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 2315 S. Indian River Dr
City: Ft. Pierce FL Zip Code: 34950

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] 4/27/04
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, 2004 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	P PAMER, JOHN M. ~~20942 SPRING TERR.~~ ~~BOCA RATON, FL 33428~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 2315 S. Indian River Dr Ft. Pierce, FL 34950	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS RAMER, MARY BETH R. ~~20942 SPRINGS TERR~~ ~~BOCA RATON, FL 33428~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 2315 S. Indian River Dr Ft. Pierce, FL 34950	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] 4/27/04 772-464-9844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #