

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 17, 2005 08:00 AM  
Secretary of State

DOCUMENT # 293244

1. Entity Name

PAMAL CORPORATION



Principal Place of Business

227-F ALCONSE AVE. SE  
P.O. DRAWER 4007  
FT WALTON BEACH FL 32548

Mailing Address

P.O. BOX 4007  
FT WALTON BEACH FL 32548



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1160083

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COOKE, FRED C  
227-F ALCONSE AVE SE  
FT WALTON BEACH FL 32548

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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 1:

TITLE PD  
NAME COOKE, FRED C.  
STREET ADDRESS 227-F ALCONSE AVE SE  
CITY- ST- ZIP FT WALTON BEACH FL

☐ Delete

TITLE SD  
NAME SCHEEL, PAMELA C  
STREET ADDRESS 652 BEAL PKWY N  
CITY- ST- ZIP FORT WALTON BEACH FL 32547

☐ Delete

TITLE VD  
NAME COOKE, GARY D.  
STREET ADDRESS 227-F ALCONSE AVE SE  
CITY- ST- ZIP FT WALTON BEACH FL

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TITLE  
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #