

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 293244

FILED
Sep 14, 2009
Secretary of State**Entity Name:** PAMAL CORPORATION**Current Principal Place of Business:**652 BEAL PKWY N.
G
FT WALTON BEACH, FL 32547**New Principal Place of Business:**652 BEAL PKWY
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FT WALTON BEACH, FL 32547**Current Mailing Address:**652 N. BEAL PKWY
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FT WALTON BEACH, FL 32547**New Mailing Address:**652 BEAL PKWY
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FT WALTON BEACH, FL 32547**FEI Number:** 59-1160083**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**COOKE, FRED C
227-F ALCONESSE AVE SE
FT WALTON BEACH, FL 32548 US**Name and Address of New Registered Agent:**FRED C. COOKE TRUST DTD 12/08/2006
652 BEAL PKWY
G
FT WALTON BEACH, FL 32547 US

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.

SIGNATURE: FRED C. COOKE

09/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PD () Delete
Name: COOKE, FRED C.
Address: 227-F ALCONESSE AVE SE
City-St-Zip: FT WALTON BEACH, FL 32548**Title:** SD () Delete
Name: SCHEEL, PAMELA C
Address: 652 G BEAL PKWY N.
City-St-Zip: FORT WALTON BEACH, FL 32547**Title:** VD () Delete
Name: COOKE, GARY D.
Address: 652 G BEAL PKWY N.
City-St-Zip: FT WALTON BEACH, FL 32547**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRED C. COOKE

PD

09/14/2009

Electronic Signature of Signing Officer or Director

Date