

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000002004

FILED  
Jan 11, 2006  
Secretary of State

Entity Name: PANAMERICAN CONSULTANTS, INC.

## Current Principal Place of Business:

5910 BENJAMIN CENTER DR  
STE 120  
TAMPA, FL 33634

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 20884  
ATTN: LINDA CORTESELLI  
TUSCALOOSA, AL 35402

## New Mailing Address:

PO BOX 20884  
ATTN: STEVEN REED  
TUSCALOOSA, AL 35402

FEI Number: 63-1001908

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JONES, PAUL L  
5910 BENJAMIN CENTER DR STE 120  
TAMPA, FL 33634 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CP ( ) Delete  
Name: MISTOVICH, TIMOTHY S  
Address: 2205 4TH STREET SUITE 21 & 22  
City-St-Zip: TUSCALOOSA, AL 35401

Title: DST ( ) Delete  
Name: JAMES, STEPHEN R JR.  
Address: 2205 4TH STREET SUITE 21 & 22.  
City-St-Zip: TUSCALOOSA, AL 35401

Title: DV ( ) Delete  
Name: CINQUINO, MICHAEL A  
Address: 2205 4TH STREET SUITE 21 & 22  
City-St-Zip: TUSCALOOSA, AL 35401

Title: D ( ) Delete  
Name: MISTOVICH, CECILE H  
Address: 2205 4TH STREET SUITE 21 & 22  
City-St-Zip: TUSCALOOSA, AL 35401

## 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:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: STEVEN REED

BM

01/11/2006

Electronic Signature of Signing Officer or Director

Date