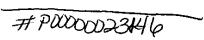
2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 09, 2004 8:00 am Secretary of State DOCUMENT # P00000023146 1. Entity Name 04-09-2004 90061 029 ***150.00 PAMLIN ENTERPRISES, INC. Principal Place of Business Mailing Address PAMLIN ENTERPRISES LANE 4750 HALYARD DR * 11000016 4630 5TH ST WEST STE #7 BRADENTON FL 34207 **BRADENTON FL 34208** 2. Principal Place of Business 3. Mailing Address 4750 HALYARD Suite, Apt. #, etc. MOORE CR2E034 (11/03) RADENTON City & State Applied For City & State 4. FEI Number 65-0985525 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired MANATER Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VOIGHT, STEPHEN F P.A. Street Address (P.O. Box Number is Not Acceptable) 2414 BEE RIDGE RD. SARASOTA FL 34239 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, 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change TITLE Delete TITL F ☐ Addition LINFANTE, RAYMOND NAME NAME STREET ADDRESS 4750 HALYARD DRIVE STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34208** CITY-ST-ZIP VΡ ☐ Delete TITLE TITLE Change Change ☐ Addition LINFANTE, PAMELA NAME NAME 4750 HALYARD DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34208** CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIT! F Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

FILED

changed, or on an attachment with an address, with all other like empowered. SIGNATURE: ING OFFICER OR DIRECTOR attachment



DEPARTMENT OF REVENUE 54029572

TALLAHASSEE, FLORIDA 32399-0100

General Tax Administration Child Support Enforcement Property Tax Administration Administrative Services Information Services



JimZingale Executive Director

MARCH 22, 2004

DIVISIONS OF CORPORATIONS ANNUAL REPORT SECTION PO BOX 6850 TALLAHASSEE, FL 32314 CK#1335 AMT:\$150.00 SCREENER:01383

We are returning remittance (s) listed below for the following reasons, as indicated by an X.

XX Check/Money Order/Document(s) sent to Florida Department of Revenue in error.

Unable to identify- if this remittance is for taxes administered by the Florida Department of Revenue, please enclose appropriate tax return with your tax identification number and return to the address indicated below.

If this is in payment of Federal taxes, please send to the Internal Revenue Service Center, Atlanta, Georgia 39901.

Your check or money order is not payable to the Florida Department of Revenue and/or is incomplete. Actual payment of taxes cannot be accounted for until this Department receives a correctly completed valid check or money order.

We are returning the attached documentation relating to vehicle title, registration and/or vehicle license tag. The Florida Department of Highway Safety and Motor Vehicles or the local tax collector/tag agency should be contacted. You may contact the Florida Department of Highway Safety, Title & Registration at (850) 488-3881.

Postal Damage- Your remittance has been damaged by the postal process. We are returning your damaged property. Please complete and forward the enclosed coupon with your response.

Other:

SENT FOR PAMLIN ENTERPRISES, INC., BRADENTON, FL 34207.

Please include this correspondence and any postmarked envelope(s) along with your response to:

Florida Department of Revenue
Return & Revenue Processing
5050 W. Tennessee Street, Bldg k
Tallahassee, FL 32399-0100