


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 09, 2004 8:00 am**  
**Secretary of State**

04-09-2004 90061 029 \*\*\*150.00

<b>DOCUMENT-# P00000023146</b>			
1. Entity Name <b>PAMLIN ENTERPRISES, INC.</b>			
Principal Place of Business <b>PAMLIN ENTERPRISES LANE 4630 5TH ST WEST STE #7 BRADENTON FL 34207</b>		Mailing Address <b>4750 HALYARD DR BRADENTON FL 34208</b>	
2. Principal Place of Business <b>4750 HALYARD DR</b>		3. Mailing Address	
Suite, Apt. #, etc. <b>BRADENTON FL.</b>		Suite, Apt. #, etc.	
City & State		City & State	
Zip <b>34208</b>	Country <b>MAINTEN</b>	Zip	Country



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent <b>VOIGHT, STEPHEN F P.A. 2414 BEE RIDGE RD. SARASOTA FL 34239</b>		7. Name and Address of New Registered Agent	
		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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LINFANTE, RAYMOND 4750 HALYARD DRIVE BRADENTON FL 34208 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LINFANTE, PAMELA 4750 HALYARD DRIVE BRADENTON FL 34208 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:**  **3-12-04 941-746-1437**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

# P0000002346



# DEPARTMENT OF REVENUE

TALLAHASSEE, FLORIDA 32399-0100

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

54029572

Jim Zingale  
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