

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90046 018 ***150.00

DOCUMENT # P00000023146

1. Entity Name

PAMLIN ENTERPRISES, INC.



Principal Place of Business

4750 HALYARD DR
BRADENTON FL 34208

Mailing Address

4750 HALYARD DR
BRADENTON FL 34208

2. Principal Place of Business

16703 4TH AVE N.E.

3. Mailing Address

16703 4TH AVE N.E.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BRADENTON FL.

City & State

BRADENTON FL.

Zip

34212

Country

MANATEE

Zip

34212

Country

MANATEE

4. FEI Number

65-0985525

Applied For

Not Applicable

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

VOIGHT, STEPHEN F P.A.
2414 BEE RIDGE RD.
SARASOTA FL 34239

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 11

TITLE	P	<input type="checkbox"/> Delete
NAME	LINFANTE, RAYMOND	
STREET ADDRESS	4750 HALYARD DRIVE	
CITY-ST-ZIP	BRADENTON FL 34208	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LINFANTE, PAMELA	
STREET ADDRESS	4750 HALYARD DRIVE	
CITY-ST-ZIP	BRADENTON FL 34208	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINFANTE, RAYMOND	
STREET ADDRESS	16703 4 TH AVE N.E.	
CITY-ST-ZIP	BRADENTON FL 34212	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINFANTE, PAMELA	
STREET ADDRESS	16703 4 TH AVE N.E.	
CITY-ST-ZIP	BRADENTON FL 34212	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Raymond Linfante
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-05 941-746-1437

Date

Daytime Phone #