

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90012 044 ***150.00

DOCUMENT # P00000042594 1. Entity Name PAMI MANAGEMENT, INCORPORATED			
Principal Place of Business 5041 RINGWOOD MEADOW B SARASOTA, FL 34235		Mailing Address 5041 RINGWOOD MEADOW B SARASOTA, FL 34235	
2. Principal Place of Business - No P.O. Box # Progressive Community Mgmt, Inc Suite, Apt. #, etc. 1801 GLENGARY STREET City & State SARASOTA, FL Zip 34231		3. Mailing Address Progressive Community Mgmt, Inc Suite, Apt. #, etc. 1801 GLENGARY STREET City & State SARASOTA, FL Zip 34231	
4. FEI Number 65-1002835		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FLANAGAN, JOHN R CPA 2831 RINGLING BLVD SUITE 204-B SARASOTA, FL 34237		7. Name and Address of New Registered Agent PROGRESSIVE COMMUNITY MANAGEMENT, INC. Street Address (P.O. Box Number is Not Acceptable) 1801 GLENGARY STREET City SARASOTA	
State FL		Zip Code 34231	
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 <u><i>William Sutton</i></u> William Sutton DATE 4-21-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D RUBIN, MEL 2055 WOOD ST., STE. 202 SARASOTA, FL 34237	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP PD Sutton, William 1801 GLENGARY STREET SARASOTA, FL 34231	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D SHEPARD, DOUGLAS 1680 GEORGETOWNE BLVD. SARASOTA, FL 34232	<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 D WIEBUSCH, ROBERT 1685 GEORGETOWNE BLVD. SARASOTA, FL 34232	<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 D ECKERT, BEVERLY 7121 ST. JOHNS WAY UNIVERSITY PARK, FL 34201	<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 D NEELY, JOAN 2632 SUNNYSIDE ST. SARASOTA, FL 34239	<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 VD Markel, Jim 1801 GLENGARY STREET SARASOTA, FL 34231	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>William Sutton</i></u> William Sutton		Date 4-21-08 Daytime Phone # 941-921-5393	