



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000089276			
1. Entity Name PAMELA J. LEAGUE, INC.			
Principal Place of Business 5719 27TH AVE SOUTH GULFPORT, FL 33707		Mailing Address 5719 27TH AVE SOUTH GULFPORT, FL 33707	
DO NOT WRITE IN THIS SPACE			
		04092004 No Chg-P CR2E034 (10/03)	
		4. FCI Number 59-3744559	
		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 LEAGUE, PAMELA J 5719 27TH AVE SOUTH GULFPORT, FL 33707		DO NOT WRITE IN THIS SPACE	
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 _____ (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		U000000134688 04/28/04-80030-005 150.00	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		P LEAGUE, PAMELA J 5719 27TH AVE SOUTH GULFPORT, FL 33707	
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DO NOT WRITE IN THIS SPACE			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Pamela J. League</i>		4/26/04 727-743-2799	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	