


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
Aug 04 2005 08:00 AM  
Secretary of State  
*encl*

<b>DOCUMENT # P03000039064</b>	
1. Entity Name PAM'S FUNSATONS, INC.	

Principal Place of Business 8080 AUSTRIAN BLVD PUNTA GORDA, FL 33982 US	Mailing Address PO BOX 5119777 PUNTA GORDA, FL 33951-1977 US
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DO NOT WRITE IN THIS SPACE



07222005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1155374	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

SUTTER, PAMELA M  
8080 AUSTRIAN BLVD  
PUNTA GORDA, FL 33982

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: *Pamela Marie Sutter / Pamela Marie Sutter* / 7-27-05

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**  
**Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SUTTER, PAMELA M 8080 AUSTRIAN BLVD PUNTA GORDA, FL 33982
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1100000375572  
08/04/05-80001-023 158.75

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: *Pamela Marie Sutter / Pamela Marie Sutter* / 7/27/05 941-515-1859

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #