


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90220 016 ***150.00

DOCUMENT # P03000124120 1. Entity Name PAMS CLEANING INC.					
Principal Place of Business 806 PECAN DR SEFFNER, FL 33584			Mailing Address 806 PECAN DR SEFFNER, FL 33584		
2. Principal Place of Business 13015 McIntosh Rd Suite, Apt. #, etc.		3. Mailing Address 13015 McIntosh Rd Suite, Apt. #, etc.			
City & State Thonotosassa, FL		City & State Thonotosassa, FL		4. FEI Number 65-1209185	
Zip 33592		Country Hillsborough		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HEMENWAY, PAMELA 806 PECAN DR SEFFNER, FL 33584			7. Name and Address of New Registered Agent Name Hemenway, Pamela Street Address (P.O. Box Number is Not Acceptable) 13015 McIntosh Rd City Thonotosassa FL Zip Code 33592		
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 Hemenway (NOTE: Registered Agent signature required when reinstating) 4-23-06 DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 HEMENWAY, PAMELA 806 PECAN DR SEFFNER, FL 33584 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/President Hemenway, Pamela <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13015 McIntosh Rd Thonotosassa, FL 33592	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEMENWAY, RICHARD <input checked="" type="checkbox"/> Delete 806 PECAN DR SEFFNER, FL 33584		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 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: Pamela Hemenway <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-23-06 785-3184 <small>Date Daytime Phone #</small>		

813-516-8811