

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P03000124120

1. Entity Name  
PAMS CLEANING INC.



Principal Place of Business  
13015 MCINTOSH RD  
THONOTOSASSA, FL 33592

Mailing Address  
13015 MCINTOSH RD  
THONOTOSASSA, FL 33592

2. Principal Place of Business - No P.O. Box #  
**15001 Dead River Rd**

Suite, Apt. #, etc.

3. Mailing Address  
**15001 Dead River Rd**

Suite, Apt. #, etc.

City & State  
**Thonotosassa, FL**

Zip

**33592**

Country  
**USA**

City & State  
**Thonotosassa, FL**

Zip

**33592**

Country  
**USA**

03292007 Chg-P CR2E034 (12/06)

4. FEI Number  
**65-1209185**

Applied For  
Not Applicable

5. Certificate of Status Desired  
 **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HEMENWAY, PAMELA  
13015 MCINTOSH RD  
THONOTOSASSA, FL 33592

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**15001 Dead River Rd**

City

**Thonotosassa**

FL **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

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, 2007 Fee will be \$550.00**

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 NAME STREET ADDRESS CITY-ST-ZIP	PD HEMENWAY, PAMELA 13015 MCINTOSH RD THONOTOSASSA, FL 33592	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Hemenway, Pamela 15001 Dead River Rd Thonotosassa, FL 33592	<input checked="" 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
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Pamela Hemenway*

*4-1-07*

Date

Daytime Phone #