

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90458 041 \*\*\*150.00

**DOCUMENT # P04000047313**

1. Entity Name  
**PAM'S LANDSCAPES & DESIGN, INC.**



Principal Place of Business Mailing Address  
**100 MONTE PALO STREET** **100 MONTE PALO STREET**  
**PANAMA CITY BEACH, FL 32413 US** **PANAMA CITY BEACH, FL 32413 US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03112005

Chg-P

CR2E034 (10/03)

4. FEI Number

**20-0876884**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BROWN, PAMELA S**  
**100 MONTE PALO STREET**  
**PANAMA CITY BEACH, FL 32413**

Name

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

City

**FL**

Zip Code

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 fee if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	<b>BROWN, PAMELA S</b>	
STREET ADDRESS	<b>100 MONTE PALO STREET</b>	
CITY-ST-ZIP	<b>PANAMA CITY BEACH, FL 32413</b>	
TITLE	VP	<input type="checkbox"/> Delete
NAME	<b>BROWN, KYLE R</b>	
STREET ADDRESS	<b>100 MONTE PALO STREET</b>	
CITY-ST-ZIP	<b>PANAMA CITY BEACH, FL 32413</b>	
TITLE	<del>TREA</del>	<input type="checkbox"/> Delete
NAME	<b>GIBSON, LOUISE M</b>	
STREET ADDRESS	<b>15124 SIDE CAMP ROAD</b>	
CITY-ST-ZIP	<b>WEST BAY, FL 32413</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>TREASURER</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Louise Mary Hyde-Gibson</b>	
STREET ADDRESS	<b>15124 Side Camp Road</b>	
CITY-ST-ZIP	<b>West Bay, FL 32413</b>	
TITLE	<b>Secretary</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Barbara Ann Hyde</b>	
STREET ADDRESS	<b>15124 Side Camp Road</b>	
CITY-ST-ZIP	<b>West Bay, FL 32413</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

*[Signature]*

Pamela Brown

3/10/05 (850) 249-8800