2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000047313

1. Entity Name

PAM'S LANDSCAPES & DESIGN, INC.

FILED
May 22, 2006 08:00 AM
Secretary of State

Principal Place of Business

Mailing Address

100 MONTE PALO STREET PANAMA CITY BEACH, FL 32413 100 MONTE PALO STREET
PANAMA CITY BEACH, FL 3Z413

US



02082006

Na Chg-P

CR2E034 (11/05)

FEI Number
 20-0876884

Applied For Not Applies

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

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

DO NOT WRITE IN THIS SPACE

8. The above the obligate SIGNATURE	named entity submits this statement for the pilons of registered agent. Signalure, hyped or printed name of registered agent and lifts it	Pamela S	· B10	egistered agent, or be	oth, in the State of Florida. I am familiar with, and account to the State of Florida. I am familiar with, and account to the State of Florida.	
Fil. After M	E NOWIII FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financir Trust Fund Contribution.	ng 🖂	\$5.00 May Be Added to Fees		
10. ITTLE NAME STREET ADDRESS GITY-ST-ZIP TITLE	P BROWN, PAMELA S 100 MONTE PALO STREET PANAMA CITY BEACH, FL 32413 VP	TORS				
NAME STREET ADDRESS CITY-ST-ZIP	BROWN, KYLE R 100 MONTE PALO STREET PANAMA CITY BEACH, FL 32413	-		05/22/06-80010-014 158.75 DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HYDE-GIBSON, LOUISE M 15124 SIDE CAMP RD WEST BAY, FL 32413	_: 				
name Street address City-St-207	S HYDE, BARBARA A 15124 SIDE CAMP RD WEST BAY, FL 32413	-				
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TIPLE						

12. I hereby certify that the information supplied with this filling 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 changed, or on an attachment with an address, with all other like empowered.

Pame lo Brown

SIGNATURE:

STREET ADDRESS CATY-ST-ZIP

President

5 18 06

850 249-8800