


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 04, 2008 8:00 am**  
**Secretary of State**

06-04-2008 90008 016 \*\*\*150.00

|   |   |
|---|---|
| <b>DOCUMENT # P04000165452</b>                  |  |
| 1. Entity Name<br><b>PAMELA DE PROVENCE CO.</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>665 S ORANGE AVE<br/>SUITE 10<br/>SARASOTA FL 34236</b> | Mailing Address<br><b>665 S ORANGE AVE<br/>SUITE 10<br/>SARASOTA FL 34236</b> |
|---|---|

|   |   |
|---|---|
| 2. Principal Place of Business - No P.O. Box #<br><b>2273 ORIOLE DR</b> | 3. Mailing Address<br><b>2273 ORIOLE DR</b> |
| Suite, Apt. #, etc.   | Suite, Apt. #, etc.                         |

|                                 |                                    |
|---------------------------------|------------------------------------|
| City & State<br><b>SARASOTA</b> | City & State<br><b>SARASOTA FL</b> |
| Zip<br><b>34239</b>             | Country<br><b>FL</b>               |

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>36-4314602</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br><b>LOCKWOOD, PAMELA B<br/>665 S ORANGE AVE<br/>SUITE 10<br/>SARASOTA FL 34236</b> |  |
| <b>2273 ORIOLE DR.<br/>SARASOTA, FL.<br/>34239</b>   |  |

|  |                       |
|--|-----------------------|
| 7. Name and Address of New Registered Agent<br>Name <b>PAMELA LOCKWOOD</b>   |                       |
| Street Address (P.O. Box Number is Not Acceptable)<br><b>2273 ORIOLE DR.</b> |                       |
| City <b>SARASOTA</b>   | Zip Code <b>34239</b> |

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 _____ | (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
|-----------------|--|------------|

|   |  |   |
|---|--|---|
| <b>FILE NOW!!! FEE IS \$550.00<br/>DUE BY September 3, 2008<br/>Make Check Payable to Florida Department of State</b> | S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|---|--|---|

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete<br><b>P<br/>LOCKWOOD, PAMELA B<br/>665 S ORANGE AVE SUITE 10<br/>SARASOTA FL 34236</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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.

|  |            |                       |
|--|------------|-----------------------|
| <b>SIGNATURE:</b> _____  | DATE _____ | Daytime Phone # _____ |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR |            |                       |

ATTACHMENT

To whom it may concern - 40107785 05/27/08  
#P04000165452

I have had a very difficult time trying to renew my Corporation Annual Report. Back in March I tried to change my address to no avail. I never received a renewal card and I requested 3 times a change of address form. I didn't have access to the internet so I had to keep calling on the telephone, each time being told that they never had the request.

I am therefore sending my change of address and my renewal fee.

Thanking you in advance

Farrela Lockwood.

