

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000027938

FILED  
Mar 05, 2006  
Secretary of State

Entity Name: PAMELA A. OVERMYER, P.A.

## Current Principal Place of Business:

648 S. BERTHE AVE.  
PANAMA CITY, FL 32404

## New Principal Place of Business:

238 SUDDUTH PLACE  
PANAMA CITY, FL 32404

## Current Mailing Address:

648 S. BERTHE AVE.  
PANAMA CITY, FL 32404

## New Mailing Address:

238 SUDDUTH PLACE  
PANAMA CITY, FL 32404

FEI Number: 20-2484198

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

OVERMYER, PAMELA A  
648 S. BERTHE AVE.  
PANAMA CITY, FL 32404 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: OVERMYER, PAMELA A  
Address: 648 S. BERTHE AVE.  
City-St-Zip: PANAMA CITY, FL 32404

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change ( ) Addition  
Name: OVERMYER, PAMELA A  
Address: 648 S. BERTHE AVE.  
City-St-Zip: PANAMA CITY, FL 32404

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAMELA A OVERMYER

DR

03/05/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date