


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2005 8:00 am**  
**Secretary of State**

03-24-2005 90041 006 \*\*\*150.00

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| <b>DOCUMENT # P06365</b><br>1. Entity Name<br><b>PAM FINANCE COMPANY</b>  |  |   |  |   |  |
| Principal Place of Business<br><b>SUITE 200<br/>KENNESAW, GA 30144</b>  |  |   | Mailing Address<br><b>SUITE 200<br/>KENNESAW, GA 30144</b>                                 |  |  |
| 2. Principal Place of Business<br><b>1990 Vaughn Road</b>   |  | 3. Mailing Address<br><b>P.O. Box 440757</b>  |  |  |  |
| Suite, Apt. #, etc.<br><b>Suite 350</b>   |  | Suite, Apt. #, etc.   |  |  |  |
| City & State<br><b>Kennesaw, GA</b>   |  | City & State<br><b>Kennesaw, GA</b>   |  | 4. FEI Number<br><b>58-1630450</b>   |  |
| Zip<br><b>30144</b>   |  | Country<br><b>USA</b>   |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |
| Zip<br><b>30160</b>   |  | Country<br><b>USA</b>   |  | 6. Name and Address of Current Registered Agent<br><b>UNITED STATES CORPORATION COMPANY<br/>1201 HAYS STREET<br/>SUITE 105<br/>TALLAHASSEE, FL 32301</b> |  |
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>   |  | 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |  |   |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>   |  |   | 9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                               |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>MCGLOIN, WILLIAM P<br>4732 TALLEYBROOK DRIVE<br>KENNESAW, GA 30152 <div style="text-align: right;"><input type="checkbox"/> Delete</div> |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VSD<br>BISCOE, DIANE F.A.<br>117 MARTEN CT., #3134<br>WALESKA, GA 30183 <div style="text-align: right;"><input type="checkbox"/> Delete</div>  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VTD<br>ZUCARO, A C<br>126 NANTUCKET LANE<br>BARRINGTON, IL <div style="text-align: right;"><input type="checkbox"/> Delete</div>               |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VP<br>MCLEOD, RICHARD K.<br>4624 FIVE LEAVES CT.<br>DOUGLASVILLE, GA <div style="text-align: right;"><input type="checkbox"/> Delete</div>     |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <div style="text-align: right;"><input type="checkbox"/> Delete</div>  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <div style="text-align: right;"><input type="checkbox"/> Delete</div>  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>  |  |
| 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. |  |   |  |  |  |
| <b>SIGNATURE:</b> <u>Richard K. McLeod</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  |   | 03/16/05   |  | (770) 590-4950<br><small>Daytime Phone #</small> |