


2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jul 12, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P06365</b>	
1. Entity Name <b>PAM FINANCE COMPANY</b>	

Principal Place of Business <b>1990 VAUGHN ROAD STE 350 KENNESAW, GA 30144</b>	Mailing Address <b>PO BOX 440757 KENNESAW, GA 30160</b>
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07052006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>58-1630450</b>	Applied For 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  <b>UNITED STATES CORPORATION COMPANY 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 date of application (NOTE: Registered Agent signature required when reinstating) DATE:

<b>FILE NOW!!! FEE IS \$150.00</b> Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCGLOIN, WILLIAM P 4732 TALLEYBROOK DRIVE KENNESAW, GA 30152
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD BISCOE, DIANE F.A. 117 MARTEN CT., #3134 WALESKA, GA 30183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ZUCARO, A C 126 NANTUCKET LANE BARRINGTON, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCLEOD, RICHARD K. 4624 FIVE LEAVES CT. DOUGLASVILLE, GA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/12/06-80002-007 150.00

**DO NOT WRITE IN THIS SPACE**

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.

**SIGNATURE:** Richard K. McLeod (Richard K. McLeod) 7/5/06 770-590-4950  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #