

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90066 050 ***150.00

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1. Entity Name
PAM FINANCE COMPANY



Principal Place of Business
**1990 VAUGHN ROAD STE 350
KENNESAW, GA 30144**

Mailing Address
**PO BOX 440757
KENNESAW, GA 30160**

40104575



02062007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-1630450

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MCGLOIN, WILLIAM P
STREET ADDRESS 4732 TALLEYBROOK DRIVE
CITY-ST-ZIP KENNESAW, GA 30152

TITLE VSD
NAME BISCOE, DIANE F.A.
STREET ADDRESS 117 MARTEN CT., #3134
CITY-ST-ZIP WALESKA, GA 30183

TITLE VTD
NAME ZUCARO, A C
STREET ADDRESS 126 NANTUCKET LANE
CITY-ST-ZIP BARRINGTON, IL

TITLE VP
NAME MCLEOD, RICHARD K.
STREET ADDRESS 4624 FIVE LEAVES CT.
CITY-ST-ZIP DOUGLASVILLE, GA

TITLE CFO
NAME JOHN CLEMENTE, JR.
STREET ADDRESS 12865 WYNGATE TRAIL
CITY-ST-ZIP ALPHARETTA, GA 30005

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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: **John Clemente, Jr.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/20/07 (770)590-4950
Date Daytime Phone #