2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000069074

1. Entity Name
PAM, F. INC.

Principal Place of Business	Mailing Address
44294 HWY 27 DAVENPORT, FL 33897 US	PO BOX 135065 CLERMONT, FL 34713-5065 US

02232006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3461395
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FIORINO, GIULIO
17525 SUNSET TERRACE
WINTER GARDEN, FL 34787

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 _____
(If changing registered office/registered agent, signature of new registered agent required) (DATE) (Typed or printed name of person signing)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FIORINO, GIULIO
STREET ADDRESS	17525 SUNSET TERRACE
CITY ST ZIP	WINTER GARDEN, FL 34787
TITLE	VP
NAME	FIORINO, PETER
STREET ADDRESS	2811 HAMLIN TR
CITY ST ZIP	CLERMONT, FL 34711
TITLE	T
NAME	FIORINO-RAGNI, MICHELLE
STREET ADDRESS	10853 VISTA DEL SOL CIRCLE
CITY ST ZIP	CLERMONT, FL 34711
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

U00000048507A
03/22/06 80021-011 150.00

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: _____ 2/22/06 407-325-1923
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME TELEPHONE #