



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90006 033 ***150.00

DOCUMENT # P97000083238 1. Entity Name TIN CAN PAM'S WHOLESALE, INC.					
Principal Place of Business 14444 SEVENTH STREET DADE CITY, FL 33523			Mailing Address 14444 SEVENTH STREET DADE CITY, FL 33523		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		01062004 Chg-P CR2E034 (10/03) 4. FEI Number 65-0789401	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BOWE, PAMELA C 14444 SEVENTH STREET DADE CITY, FL 33523			7. Name and Address of New Registered Agent Name Patricia K. Bloxson Street Address (P.O. Box Number is Not Acceptable) 14444 Seventh Street City DADE CITY, FL Zip Code 33523		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Patricia K. Bloxson Patricia K. Bloxson Vice President 1/12/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT BOWE, PAMELA C 18340 TOWNSEND HOUSE RD DADE CITY, FL 33523	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOWE, DAVID W JR 18340 TOWNSEND HOUSE RD DADE CITY, FL 33523	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BLOXSON, PATRICIA K PO BOX 324 SAN ANTONIO, FL 33576	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition David W. Bowe III 34146 Belt Drive DADE CITY, FL 33523	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Jason A. Bloxson PO Box 324 San Antonio, FL 33576	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE: Patricia K. Bloxson Patricia K. Bloxson 1/12/04 352-567-3719 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					