2008 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 28, 2008 08:00 Al **DOCUMENT # P98000101622 Secretary of State** 1. Entity Name PRO AM OF PALATKA INC Principal Place of Business Mailing Address 103 EL PRADO CT 103 EL PRADO CT PALATKA, FL 32177 PALATKA FL 32177 CR2E034 (11/05) 01132008 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3532712 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WILLIAMS, WALLACE M DO NOT WRITE 103 EL PRADO CT PALATKA, FL 32177 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 employable. (NOTE: Registered Apert signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE WLLIAMS, WALLACE M MALE 103 EL PRADO CT STREET ADDRESS CITY-ST-ZIP PALATKA, FL 32177 TITLE NAME WILLIAMS, KAREN 'U000000799890 STREET ADDRESS 103 EL PRADO CT .01/30/08-80087-006 CITY-ST-70P PALATKA, FL 32177 DTLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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. Wallace M Williams 1/25/08 386-326-0264 SIGNATURE:2

SIGNATURE AND TYPED OR PRINTED NAME OF SKINING OFFICER OR DIRECTOR

Devime Phone #

FILED