

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 20, 2007 8:00 am**  
**Secretary of State**

03-20-2007 90014 020 \*\*\*150.00

**DOCUMENT # 601900**

1. Entity Name  
JAMES P. PANICO, PROFESSIONAL ASSOCIATION



Principal Place of Business  
111 SOUTH MAITLAND AVENUE  
SUITE 100  
MAITLAND, FL 32751

Mailing Address  
111 SOUTH MAITLAND AVENUE  
SUITE 100  
MAITLAND, FL 32751

**40039031**



03132007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1294847

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

PANICO, JAMES P  
111 SOUTH MAITLAND AVENUE  
MAITLAND, FL 32751

**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 PS  
NAME PANICO, JAMES P.  
STREET ADDRESS 725 LAKE SYBELIA DRIVE  
CITY-ST-ZIP MAITLAND, FL

TITLE D  
NAME PANICO, JAMES P.  
STREET ADDRESS 725 LAKE SYBELIA DRIVE  
CITY-ST-ZIP MAITLAND, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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: James Panico, Pres 3/14/07 407.647-7200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #