

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # 646969**

1. Entity Name  
**PANTOGRAMS MFG. CO., INC.**



Principal Place of Business

**4537 S DALE MABRY HWY  
TAMPA, FL 33611 US**

Mailing Address

**4537 S DALE MABRY HWY  
TAMPA, FL 3611 US**

**FILED**  
**Jan 17, 2007 08:00 AM**  
**Secretary of State**



01042007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1970368</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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

**COLMAN, JOHN P.  
4537 SOUTH DALE MABRY  
TAMPA, FL 33611**

**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

000000589478  
01/18/07-80018-012 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COLMAN, JOHN P 3101 BEACH DR TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD COLMAN, LINDA L 3101 BEACH DR TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 another line empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**JOHN P. COLMAN**

**4 JAN 07**

**813  
839-5697**