

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90053 012 ***150.00

DOCUMENT # G76232

1. Entity Name

ALEX J. PANIK, CONSULTING ENGINEER, P.A.



Principal Place of Business **536 E. TARPON AVENUE** Mailing Address **P.O. Box 817**
~~39326 US HWY 19 NORTH~~ **39326 US HWY 19 NORTH**
TARPON SPRINGS FL 34689 TARPON SPRINGS FL ~~34689~~ **34688**
US US



2. Principal Place of Business **536 EAST TARPON AVE.** 3. Mailing Address **P.O. Box 817**
Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State **TARPON SPRINGS, FL.** City & State **TARPON SPRINGS, FL**
Zip **34689** Country **U.S.A** Zip **34688** Country **USA**

4. FEI Number **59-2339701** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

ELIAS, JOHN M.
611 DRUID RD. E.
SUITE 512
CLEARWATER FL 33756

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City **FL** Zip Code _____

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, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **PANIK, ALEX J P.E.**
STREET ADDRESS **39326 US HWY 19 NORTH**
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME **P.O. Box 817 or 536 E. TARPON**
STREET ADDRESS **TARPON SPRINGS, FL** **AVE.**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: **Alex J. Panik, President** **ALEX J. PANIK** 1/25/06 727-934-5120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #