


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H04404</b> 1. Entity Name <b>PANA, INC.</b>	
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Principal Place of Business <b>1833 HENDRY ST FT MYERS, FL 33901-3054</b>	Mailing Address <b>1833 HENDRY ST FT MYERS, FL 33901-3054</b>
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**DO NOT WRITE IN THIS SPACE**



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2419736</b>	Applied For <input type="checkbox"/> 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  <b>GRAVINA, PETER J. 1833 HENDRY ST FT MYERS, FL</b>
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GRAVINA, PETER J. 1370 GASPARILLA DRIVE FORT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD GRAVINA, AMY 1370 GASPARILLA DRIVE FORT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BURNETT, J. AL 1025 ANCHORAGE COURT WINTER PARK, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BURNETT, NANCY 1025 ANCHORAGE COURT WINTER PARK, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

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01/09/04-80021-013 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>1-7-04</b> <b>239.536.6236</b> <small>Date Daytime Phone #</small>
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