

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90845 043 \*\*\*150.00

DOCUMENT # P03000102949

1. Entity Name  
PANAMA COMMERCIAL OFFICE, INC.



Principal Place of Business  
2120 CREEKSIDE COURT  
PENSACOLA, FL 32514

Mailing Address  
2120 CREEKSIDE COURT  
PENSACOLA, FL 32514

PLEASE CHANGES TO :

PLEASE CHANGES TO :

2. Principal Place of Business - No P.O. Box #  
12101 N. DALE MABRY HWY

3. Mailing Address  
12101 N. DALE MABRY HWY

Suite, Apt. #, etc.  
APT. 609

Suite, Apt. #, etc.  
APT 609

City & State  
TAMPA, FL

City & State  
TAMPA, FL

Zip  
33618

Country  
U.S.A

Zip  
33618

Country  
U.S.A

03212007 Chg-P CR2E034 (12/06)

4. FEI Number  
35-2222434

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

KRAUS, RICARDO E JR.  
2120 CREEKSIDE COURT  
PENSACOLA, FL 32514

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, 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 P  
NAME REYNOLDS, NATASHA A ☒ Delete  
STREET ADDRESS 6126 THE OAKS LANE  
CITY-ST-ZIP PENSACOLA, FL 32504

TITLE VP  
NAME KRAUS, RICARDO E JR. ☐ Delete  
STREET ADDRESS 2120 CREEKSIDE COURT  
CITY-ST-ZIP PENSACOLA, FL 32514

TITLE S  
NAME KRAUS, CANDICE J ☐ Delete  
STREET ADDRESS 2120 CREEKSIDE COURT  
CITY-ST-ZIP PENSACOLA, FL 32514

TITLE T  
NAME REYNOLDS, JEFFREY A ☒ Delete  
STREET ADDRESS 6126 THE OAKS LANE  
CITY-ST-ZIP PENSACOLA, FL 32504

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition  
NAME RICARDO KRAUS, RICARDO E. JR.  
STREET ADDRESS 12101 N. DALE MABRY HWY APT 609  
CITY-ST-ZIP TAMPA FL 33618

TITLE VP ☒ Change ☐ Addition  
NAME KRAUS, CANDICE J.  
STREET ADDRESS 12101 N. DALE MABRY HWY APT 609  
CITY-ST-ZIP TAMPA FL 33618

TITLE S ☒ Change ☐ Addition  
NAME KRAUS, RICARDO E. JR.  
STREET ADDRESS 12101 N. DALE MABRY HWY APT 609  
CITY-ST-ZIP TAMPA FL 33618

TITLE T ☒ Change ☐ Addition  
NAME KRAUS, CANDICE J.  
STREET ADDRESS 12101 N. DALE MABRY HWY APT 609  
CITY-ST-ZIP TAMPA FL 33618

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

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

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: RICARDO KRAUS 4/27/07 (850) 232-9232  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #