


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90089 008 ***150.00

DOCUMENT # P06000006188

1. Entity Name
JOHN JEWETT PANELLA, P.A.



Principal Place of Business Mailing Address
345 SW 28TH PLACE **345 SW 28TH PLACE**
CAPE CORAL, FL 33991 US **CAPE CORAL, FL 33991 US**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
2486 VERDMONT CT **2486 VERDMONT CT**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
CAPE CORAL, FL **CAPE CORAL, FL**
 Zip Country Zip Country
33991 **LEE** **33991** **LEE**



04272007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent
PANELLA, JOHN J
345 SW 28TH PLACE
CAPE CORAL, FL 33991

4. FEI Number Applied For
204124393 Not Applicable

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

7. Name and Address of New Registered Agent
 Name **John J Panella**
 Street Address (P.O. Box Number is Not Acceptable)
2486 VERDMONT CT
 City **CAPE CORAL, FL** Zip Code **33991**

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 *John J Panella, PA* DATE **4/26/07**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST PANELLA, JOHN J 345 SW 28TH PLACE CAPE CORAL, FL 33991 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2486 VERDMONT CT CAPE CORAL, FL 33991
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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: *John J Panella, PA* DATE **4/26/07** DAYTIME PHONE # **259-895-8835**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR