

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 30, 2008 8:00 am
Secretary of State

DOCUMENT # P06000047373

1. Entity Name

PANTANASSA BOOK COMPANY



Principal Place of Business
6960 HEATHER OAKS DR
PENSACOLA FL 32506

Mailing Address
6960 HEATHER OAKS DR
PENSACOLA FL 32506

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

43-2108689

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIDERIS, JAMES
6960 HEATHER OAKS DR
PENSACOLA FL 32506

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 agent and agent's title.

NOTE: Registered Agent is not required when submitting:

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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
P
DANASKOU, ROULA - *Deceased*
6960 HEATHER OAKS DR
PENSACOLA FL 32506

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
LEWIS, LIZ
6484 TONJA DR
MILTON FL 32570

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PAUL DURANTE - *DIR*
835 Amberway Dr
Pensacola, FL 32506

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SIDERIS, James, president
6960 Heather Oaks Dr
Pensacola FL 32506

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

TITLE
NAME
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

City

Daytime Phone #

2/25/8 - 850-456-0769

Deceased

President & President elect 6/26/8

40109330 ATTACHMENT # P06000047373

Form **1120** U.S. Corporation Income Tax Return
 Department of the Treasury Internal Revenue Service (77) For calendar year 2007 or tax year beginning 12/31/06, 2007, ending 12/31/07, 2007
 ▶ See separate instructions. ▶ OMB No. 1545-0123

A Check if:
 1a Consolidated return (attach Form 851) ☐
 b Life/nonlife consolidated return ☐
 2 Personal holding co. (attach Sch. PH) ☐
 3 Personal service corp. (see instructions) ☐
 4 Schedule M-3 attached ☐
Use IRS label. Otherwise, print or type.
 Name PANTANASSA BOMK 6 Inc
 Number, street, and room or suite no. If a P.O. box, see instructions. 6960 HERTHER CAMDEN
 City or town, state, and ZIP code Pensacola, FL 32506
B Employer identification number 43-2108689
C Date incorporated 3-31-06
D Total assets (see instructions) \$ 0 00
E Check if: (1) ☒ Initial return (2) ☐ Final return (3) ☐ Name change (4) ☐ Address change

Income
 1a Gross receipts or sales 120.00 b Less returns and allowances 0 c Bal 120
 2 Cost of goods sold (Schedule A, line 8) 0
 3 Gross profit. Subtract line 2 from line 1c 120
 4 Dividends (Schedule C, line 19) 0
 5 Interest 0
 6 Gross rents 0
 7 Gross royalties 0
 8 Capital gain net income (attach Schedule D (Form 1120)) 0
 9 Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797) 0
 10 Other income (see instructions—attach schedule) 0
 11 **Total income.** Add lines 3 through 10 120

Deductions (See instructions for limitations on deductions.)
 12 Compensation of officers (Schedule E, line 4) 0
 13 Salaries and wages (less employment credits) 0
 14 Repairs and maintenance 0
 15 Bad debts 0
 16 Rents 0
 17 Taxes and licenses 150
 18 Interest 0
 19 Charitable contributions 0
 20 Depreciation from Form 4562 not claimed on Schedule A or elsewhere on return (attach Form 4562) 0
 21 Depletion 0
 22 Advertising 0
 23 Pension, profit-sharing, etc., plans 0
 24 Employee benefit programs 0
 25 Domestic production activities deduction (attach Form 8903) 0
 26 Other deductions (attach schedule) 0
 27 **Total deductions.** Add lines 12 through 26 -30
 28 Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11 90
 29 **Less:** a Net operating loss deduction (see instructions) 0
 b Special deductions (Schedule C, line 20) 0
 29c 0

Tax and Payments
 30 **Taxable income.** Subtract line 29c from line 28 (see instructions) -30
 31 **Total tax (Schedule J, line 10)** 0
 32a 2006 overpayment credited to 2007 0
 b 2007 estimated tax payments 0
 c 2007 refund applied for on Form 4466 0
 d Bal 0
 e Tax deposited with Form 7004 0
 f Credits: (1) Form 2439 0 (2) Form 4136 0
 32g 0
 33 Estimated tax penalty (see instructions). Check if Form 2220 is attached ☐
 34 **Amount owed.** If line 32g is smaller than the total of lines 31 and 33, enter amount owed 0
 35 **Overpayment.** If line 32g is larger than the total of lines 31 and 33, enter amount overpaid 0
 36 Enter amount from line 35 you want: **Credited to 2008 estimated tax** 0 **Refunded** 0

Sign Here
 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.
 Signature of officer Paul D. Sidore Date 13/7/08 Title PREPARED
 May the IRS discuss this return with the preparer shown below (see instructions) ☒ Yes ☐ No

Paid Preparer's Use Only
 Preparer's signature James Sidore Date 3/7/08 Check if self-employed ☐
 Firm's name (or yours if self-employed), address, and ZIP code 267-38-6349 EIN 267-38-6349 Phone no.

ATTACHMENT

40109330

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Form 1120 (2007)

Schedule J Tax Computation (see instructions)

1	Check if the corporation is a member of a controlled group (attach Schedule O (Form 1120))	<input type="checkbox"/>	2	Income tax. Check if a qualified personal service corporation (see instructions)	<input type="checkbox"/>	3	Alternative minimum tax (attach Form 4626)	0	0
2			3			4	Add lines 2 and 3	0	-
3			5a	Foreign tax credit (attach Form 1118)	0	5b	Credits from Forms 5735 and 8834	0	-
4			5c	General business credit. Check applicable box(es): <input type="checkbox"/> Form 3800 <input type="checkbox"/> Form 5884 <input type="checkbox"/> Form 6478 <input type="checkbox"/> Form 8835, Section B <input type="checkbox"/> Form 8844 <input type="checkbox"/> Form 8846	0	5d	Credit for prior year minimum tax (attach Form 8827)	0	-
5a			5e	Bond credits from: <input type="checkbox"/> Form 8860 <input type="checkbox"/> Form 8912	0	6	Total credits. Add lines 5a through 5e	0	-
5b			7	Subtract line 6 from line 4	0	8	Personal holding company tax (attach Schedule PH (Form 1120))	0	-
5c			9	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Form 8902 <input type="checkbox"/> Other (attach schedule)	0	10	Total tax. Add lines 7 through 9. Enter here and on page 1, line 31	0	-
5d									
5e									

Schedule K Other Information (see instructions)

1	Check accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶	Yes	No	7	At any time during the tax year, did one foreign person own, directly or indirectly, at least 25% of (a) the total voting power of all classes of stock of the corporation entitled to vote or (b) the total value of all classes of stock of the corporation? If "Yes," enter: (a) Percentage owned ▶ and (b) Owner's country ▶	Yes	No
2	See the instructions and enter the:			c	The corporation may have to file Form 5472, Information Return of a 25% Foreign-Owned U.S. Corporation or a Foreign Corporation Engaged in a U.S. Trade or Business. Enter number of Forms 5472 attached ▶		
a	Business activity code no. ▶			8	Check this box if the corporation issued publicly offered debt instruments with original issue discount <input type="checkbox"/> If checked, the corporation may have to file Form 8281, Information Return for Publicly Offered Original Issue Discount Instruments.		
b	Business activity ▶ <i>Sale of Comm. Bonds Direct</i>			9	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$		
c	Product or service ▶			10	Enter the number of shareholders at the end of the tax year (if 100 or fewer) ▶		
3	At the end of the tax year, did the corporation own, directly or indirectly, 50% or more of the voting stock of a domestic corporation? (For rules of attribution, see section 267(c).) If "Yes," attach a schedule showing: (a) name and employer identification number (EIN), (b) percentage owned, and (c) taxable income or (loss) before NOL and special deduction of such corporation for the tax year ending with or within your tax year.		X	11	If the corporation has an NOL for the tax year and is electing to forego the carryback period, check here <input type="checkbox"/> If the corporation is filing a consolidated return, the statement required by Regulations section 1.1502-21(b)(3) must be attached or the election will not be valid.		
4	Is the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter name and EIN of the parent corporation ▶		X	12	Enter the available NOL carryover from prior tax years (Do not reduce it by any deduction on line 29a.) ▶ \$		
5	At the end of the tax year, did any individual, partnership, corporation, estate, or trust own, directly or indirectly, 50% or more of the corporation's voting stock? (For rules of attribution, see section 267(c).) If "Yes," attach a schedule showing name and identifying number. (Do not include any information already entered in 4 above.) Enter percentage owned ▶		X	13	Are the corporation's total receipts (line 1a plus lines 4 through 10 on page 1) for the tax year and its total assets at the end of the tax year less than \$250,000? If "Yes," the corporation is not required to complete Schedules L, M-1, and M-2 on page 4. Instead, enter the total amount of cash distributions and the book value of property distributions (other than cash) made during the tax year. ▶ \$		
6	During this tax year, did the corporation pay dividends (other than stock dividends and distributions in exchange for stock) in excess of the corporation's current and accumulated earnings and profits? (See sections 301 and 316.) If "Yes," file Form 5452, Corporate Report of Nondividend Distributions. If this is a consolidated return, answer here for the parent corporation and on Form 851, Affiliations Schedule, for each subsidiary.		X				