

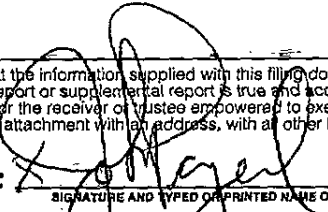


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000024435		
1. Entity Name JOHN N. PANGERL, P.T.A., INC.		
Principal Place of Business 2326 CYPRESS BEND DRIVE SOUTH APT. 121 POMPANO BEACH, FL 33069	Mailing Address 2326 CYPRESS BEND DRIVE SOUTH APT. 121 POMPANO BEACH, FL 33069	 02102005 No Chg-P CR2E034 (10/03) 4. FEI Number 65-0477998 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required Applied For Not Applicable
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent PANGERL, JOHN N. 2326 CYPRESS BEND DRIVE SOUTH APT 121 POMPANO BCH, FL 33069		
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 restate) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees U00000345981 04/30/05 86057-017 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PANGERL, JOHN N 2326 CYPRESS BEND DR. SOUTH POMPANO BEACH, FL 33069	
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DO NOT WRITE IN THIS SPACE		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/25/05 (954) 970-8059 <small>Date Daytime Phone #</small>