


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2007 08:00 A
Secretary of State

DOCUMENT # P94000024435 1. Entity Name JOHN N. PANGERL, P.T.A., INC.	
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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
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01232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0477998	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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 _____
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 ☐ **\$5.00** May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PANGERL, JOHN N
STREET ADDRESS	2326 CYPRESS BEND DR. SOUTH
CITY-ST-ZIP	POMPANO BEACH, FL 33069

TITLE	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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04/20/07-80154-005 150.00

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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/16/07** Daytime Phone **954-970-8059**