2005 FOR PROFIT CORPORATION ANNUAL REPORT

7

FILED Feb 08, 2005 08:00 AM

1. Entity Nam	MENT # P9800007 PANYKO, P.A.	4071			Secretary of State
Principal Place of Business Mailing Address 200 S. TARRAGONA STREET 200 S. TARRAGONA STREET PENSACOLA, FL 32501 US PENSACOLA, FL 32501 US					
C	O NOT WRITE	IN THIS	SPACE	01312005 4. FEI Nurr 59-35	
PANYKO, JOHN A 200 S. TARRAGONA STREET PENSACOLA, FL 32501					NOT WRITE 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, typed or printed name of registered agent and title II applicable [NOTE Registered Agent signature required when reinstating) DATE					
FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees					
10. TITLE	OFFICERS AND	DIRECTORS			
NAME STREET ADDRESS CITY-ST-ZIP	PANYKO, JOHN A 200 S. TARRAGONA STREET PENSACOLA, FL 32501				U00000220722 02/08/05-80070-025 150.00
TITLE NAME STREET ADDRESS GITY-ST-ZIP			and the second s		54, 50, 63 550, 6 523 130. 0g
TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS GITY-ST-ZIP			are vanges a		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					**************************************
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 this telephone 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: SIGNATURE SIGNATURE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					