

2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90455 001 ***211.25

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01242007 Chg-P CR2E034 (12/06)

DOCUMENT # P98000074071					
1. Entity Name JOHN A. PANYKO, P.A.					
Principal Place of Business 200 S. TARRAGONA STREET PENSACOLA, FL 32502 US			Mailing Address 200 S. TARRAGONA STREET PENSACOLA, FL 32502 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc. 323 E. Romana St.			Suite, Apt. #, etc. 323 E. Romana St.		
City & State Pensacola, FL			City & State Pensacola, FL		
Zip 32502		Country USA		Zip 32502	
				Country USA	
4. FEI Number 59-3529095			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 PANYKO, JOHN A 200 S. TARRAGONA STREET PENSACOLA, FL 32502			7. Name and Address of New Registered Agent Name Panyko, John A. Street Address (P.O. Box Number is Not Acceptable) 323 E. Romana St. City Pensacola FL Zip Code 32502		
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 reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PANYKO, JOHN A 200 S. TARRAGONA STREET PENSACOLA, FL 32502	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Panyko, John A. 323 E. Romana St. Pensacola, FL 32502	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____			(850) 438-7272		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		