

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90036 024 ***150.00

DOCUMENT # G67629

1. Entity Name
PANTHER EQUIPMENT, INC.



Principal Place of Business Mailing Address

ONE HALF MILE NORTH OF I-4; HWY 579 **PO BOX 453**
MANGO FL 33550-0453 **MANGO FL 33550**

2. Principal Place of Business 3. Mailing Address

PANTHER EQUIPMENT **PANTHER EQUIPMENT INC**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
6322 HWY 579 **6322 HWY 579**
 City & State City & State
SEFFNER FLA **SEFFNER FLA**
 Zip Country Zip Country
33584 **33584**



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent

SMITH, LOUIS M., JR. & SMITH, JOAN MARIE
HIGHWAY 579
~~**BOX 453**~~
~~**MANGO FL 33550**~~

4. FEI Number Applied For

59-2375388 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable)
6322 HWY 579

City **SEFFNER** FL Zip Code **33584**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be**
 Trust Fund Contribution. **Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input type="checkbox"/> Delete SMITH, LOUIS M JR POB 453 N/A MANGO FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SMITH, JOAN MARIE POB 453 N/A MANGO FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6322 Hwy 579 SEFFNER, FLA 33584
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6322 Hwy 579 SEFFNER, FLA 33584
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"/> Change <input type="checkbox"/> Addition
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 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: *Louis M. Smith Jr.* Date: Feb. 2, 2005 Daytime Phone #: 813 621 3122