

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90210 047 \*\*\*150.00

**DOCUMENT # M90445**

1. Entity Name  
**PANTHER PAINT & BODY INC.**



Principal Place of Business  
**124A LINDY LANE  
WEST PALM BEACH, FL 33406 US**

Mailing Address  
**124A LINDY LANE  
WEST PALM BEACH, FL 33406 US**

**34070333**

2. Principal Place of Business  
**1925 N. Flagler Dr.**

3. Mailing Address  
**6605 S. Dixie Hwy  
Suite, Apt. #, etc.  
Suite 200**



04272004 Chg-P CR2E034 (10/03)

City & State  
**West Palm Beach FL**

City & State  
**West Palm Beach FL**

4. FEI Number  
**65-0059915**

Applied For  
Not Applicable

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

Zip  
**33401**

Country

Zip  
**33405**

Country

6. Name and Address of Current Registered Agent  
**OCEPEK, MARK T  
124A LINDY LANE  
WEST PALM BEACH, FL 33406**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
**1925 N. Flagler Dr.**  
City  
**West Palm Beach FL** Zip Code  
**33401**

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 **Mark T. Oceppek** DATE **4/28/04**

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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OCEPEK, MARK T		NAME		
STREET ADDRESS	124 A LINDY LANE		STREET ADDRESS	<b>1925 N. Flagler Dr.</b>	
CITY-ST-ZIP	WEST PALM BEACH, FL 33406		CITY-ST-ZIP	<b>West Palm Beach FL 33401</b>	
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OCEPEK, VIA		NAME	<b>Oceppek, Paul</b>	
STREET ADDRESS	124 A LINDY LANE		STREET ADDRESS	<b>1925 N. Flagler Dr.</b>	
CITY-ST-ZIP	WEST PALM BEACH, FL 33406		CITY-ST-ZIP	<b>West Palm Beach FL 33401</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(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: **Mark T. Oceppek** DATE **4/28/04** DAYTIME PHONE # **561-820-9447**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR