


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 12, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N03000009336**  
 1. Entry Name  
**SARASOTA PANTHERS, INC.**



Principal Place of Business      Mailing Address  
**1085 LEWIS AVE**                      **1085 LEWIS AVE**  
**SARASOTA, FL 34237-3589**          **SARASOTA, FL 34237-3589**

**DO NOT WRITE IN THIS SPACE**



04092006 No Chg-NP      CR2E037 (11/05)

4. FEI Number  
**20-0349173**      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**DANCER, DEAN D**  
**2 NORTH TAMiami TRAIL 11TH FLOOR**  
**SARASOTA, FL 34236**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.      (NOTE: REGISTERED AGENT signature required when 10/10/07/07)

**Filing Fee is \$81.25**  
**Due by May 1, 2006**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HART, ANTHONY E 1085 LEWIS AVE SARASOTA, FL 342373589
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HART, ERICA Y 1085 LEWIS AVE SARASOTA, FL 342373589
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DANCER, KELLY A 1085 LEWIS AVE SARASOTA, FL 342373589
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/25/06-80120-002 61.25

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 617, 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:** \_\_\_\_\_ **4/9/06**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #