


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90017 015 ****61.25

DOCUMENT # N03000009336	
1. Entity Name SARASOTA PANTHERS, INC.	

Principal Place of Business 1085 LEWIS AVE SARASOTA, FL 34237-3589	Mailing Address 1085 LEWIS AVE SARASOTA, FL 34237-3589
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01072007 No Chg-NP CR2E037 (4/06)

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4. FEI Number 20-0349173	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~DANGER, DEAN D~~ ~~DELETE~~
 2 NORTH TAMIAH TRAIL 11TH FLOOR
 SARASOTA, FL 34236
 HART, ANTHONY E.
 1085 LEWIS AVE
 SARASOTA, FL 34237

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 reinstating)

Filing Fee is \$61.25
Due by May 1, 2007

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 DANGER, KELLY A 1085 LEWIS AVE SARASOTA, FL 342373589 DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  2/26/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #