


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N04000001131</b> 1. Entity Name <b>PORT ORANGE PANTHERS INC.</b>	
--	---

Principal Place of Business <b>6064 SABAL CROSSING CT PORT ORANGE, FL 32128</b>	Mailing Address <b>6064 SABAL CROSSING CT PORT ORANGE, FL 32128</b>
--	--

DO NOT WRITE IN THIS SPACE



04052006 No Chg-NP CR2E037 (11/05)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$3.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**FEASEL, LORI  
6064 SABAL CROSSING CT  
PORT ORANGE, FL 32128**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FEASEL, JEFF 6064 SABAL CROSSING CT PORT ORANGE, FL 32128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'BRIEN, DEAN W 212 DOUBLE EAGLE DR S DAYTONA, FL 32124
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FEASEL, LORI 6064 SABAL CROSSING CT PORT ORANGE, FL 32128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE  
IN THIS SPACE

04/25/06-80042-016 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:** Lori Feasel Lori Feasel 4/6/06 386 763-15

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #