2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002272

FILED Mar 06, 2006 Secretary of State

Entity Name: FLORIDA PANTHER PROJECT, INC.

04741440	Principal Place of Business:	New Principal Place of Bu	isiness:
	OOD OAK DR. TA, FL 34232		
Current P	Mailing Address:	New Mailing Address:	
	OOD OAK DR. VTA, FL 34232		
FEI Numbe	er: 65-0411967 FEI Number Applied For ()	FEI Number Not Applicable ()	ertificate of Status Desired (X)
Name an	d Address of Current Registered Agent	: Name and Address of New	v Registered Agent:
2474 WO SARASO The above	S, WILLIAM DOD OAK DRIVE OTA, FL 34232 US OTA THE STATE OF THE STATE O	ne purpose of changing its registered offic	ee or registered agent, or both,
SIGNATU	te of Florida. JRE:		
	Electronic Signature of Registered	Agent	Date
OFFICER	RS AND DIRECTORS:	ADDITIONS/CHANGES TO	OFFICERS AND DIRECTORS
Title: Name: Address: City-St-Zip:	DP T () Delete SAMUELS, WILLIAM 2474 WOOD OAK DRIVE SARASOTA, FL 34232	Title: () Ch Name: Address: City-St-Zip:	nange()Addition
Title: Name:	SD () Delete SAMUELS, CONSTANCE 2474 WOOD OAK DRIVE	Title: () Cl Name: Address:	nange()Addition
Address: City-St-Zip:		City-St-Zip:	
	SARASOTA, FL 34232 D () Delete VON OHLSEN, JEANNE 628 MARSHALL DR NE	City-St-Zip:	nange()Addition
City-St-Zip: Title: Name: Address:	SARASOTA, FL 34232 D () Delete VON OHLSEN, JEANNE 628 MARSHALL DR NE LEESBURG, VA 20176 D () Delete COX, NANETTE 5612 SOUTH OAK CT	City-St-Zip: Title: () Ch Name: Address: City-St-Zip:	nange () Addition
City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	SARASOTA, FL 34232 D () Delete VON OHLSEN, JEANNE 628 MARSHALL DR NE LEESBURG, VA 20176 D () Delete COX, NANETTE 5612 SOUTH OAK CT SARASOTA, FL 34232 D () Delete ODELL, EMERSON 2537 W. BURR OAK CT	City-St-Zip: Title: () Ch Name: Address: City-St-Zip: Title: () Ch Name: Address: City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM A. SAMUELS DP 03/06/2006