


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90036 029 \*\*\*\*\*70.00

<b>DOCUMENT # N93000002272</b>	
<b>1. Entity Name</b> FLORIDA PANTHER PROJECT, INC.	

<b>Principal Place of Business</b> 2474 WOOD OAK DR. SARASOTA FL 34232	<b>Mailing Address</b> 2474 WOOD OAK DR. SARASOTA FL 34232
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<b>2. Principal Place of Business - No P.O. Box #</b> 2474 Wood Oak Dr	<b>3. Mailing Address</b> 2474 Wood Oak Dr
Suite, Apt. #, etc. Sarasota, Florida	Suite, Apt. #, etc. Sarasota, Florida
City & State	City & State
Zip 34232	Country USA

1st MOORE CR2E037 (10/06)

<b>4. FEI Number</b> 65-0411967	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  SAMUELS, WILLIAM 2474 WOOD OAK DRIVE SARASOTA FL 34232	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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**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>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>	<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	DP T SAMUELS, WILLIAM 2474 WOOD OAK DRIVE SARASOTA FL 34232 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	SD SAMUELS, CONSTANCE 2474 WOOD OAK DRIVE SARASOTA FL 34232 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	D VON OHLSSEN, JEANNE 628 MARSHALL DR NE LEESBURG VA 20176 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	D COX, NANETTE 5612 SOUTH OAK CT SARASOTA FL 34232 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	D ODELL, EMERSON 2537 W. BURR OAK CT SARASOTA FL 34232 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	D KLEIN, DAVID 1217 57TH STREET EAST BRADENTON FL 34208 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** William A. Samuels **WILLIAM A. SAMUELS** 3-25-07 941-377-6662