


**FILED**  
**Feb 16, 2005 8:00 am**  
**Secretary of State**

[illegible]

<b>DOCUMENT # N93000003752</b>				<b>Secretary of State</b> 02-16-2005 90017 008 ****61.25	
1. Entity Name <b>DMS PANTHER BOOSTERS, INC.</b>					
Principal Place of Business <b>420 E GIBSON ARCADIA, FL 33821</b>		Mailing Address <b>420 E GIBSON ARCADIA, FL 33821</b>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
4. FEI Number <b>65-0441152</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent <b>BREMER, DAVE 2096 SE HANSEL AVE ARCADIA, FL 34266</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code			
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 <u><i>David Al Bremer</i></u> DATE <u>Feb. 11, 2005</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD IVERSON, SHEILA 3836 NE MASTERS RD ARCADIA, FL 34266 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD messer, Leeann 1600 SE Mahan Ave. Arcadia, FL 34266 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MESSER, LEEANN 1600 SE MAHAVE AVE ARCADIA, FL 34266 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD maria mdrend 530 La Solana Ave. Arcadia, FL 34266 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BEARD, BONNIE 41 GLENDORA AVENUE ARCADIA, FL 34266 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SMITH, RUTH ANN 3106 SW FENDER AVENUE ARCADIA, FL 34266 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BREMER, DAVE 2096 SE HANSEL AVE ARCADIA, FL 34266 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Bonnie H. Beard</u> <u>Bonnie H. Beard</u> <u>2/11/05</u> <u>863-494-4222</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					