2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 APR 28 AM 8:33

DOCUMENT # P00000006232

1. Entity Name
PANTHER CREEK, INC.

Principal Place of Business	Mailing Address
346 WHITE SPRINGS RD TELOGIA, FL 32360	P.O. BOX 95 TELOGIA, FL 32360

DO NOT WRITE IN THIS SPACE

03082008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3656472

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

OATES, MARC
10001 TAMIAMI TRAIL NORTH
SUITE 119
NAPLES, FL 34108

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000153352546
04/28/09--01046--017 **150.00

10. OFFICERS AND DIRECTORS

TITLE	STC
NAME	VILLARREAL, DIANA T
STREET ADDRESS	P.O. BOX 95
CITY-ST-ZIP	TELOGIA, FL 32334
TITLE	DCC
NAME	ANTONINI, JOSEPH E
STREET ADDRESS	1800 W. MAPLE RD
CITY-ST-ZIP	TROY, MI 48084
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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B 5/4/09

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 607, 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: _____ 4/17/09 850-591-1149
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #