2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State
04-25-2005 90243 001 ***158.75

DOCUMENT # P03000104880

1. Entity Name
PANTHER CREEK DEVELOPERS, INC.

Principal Place of Business	Mailing Address
6632 RIDGE RD SEBRING, FL 33876	6632 RIDGE RD SEBRING, FL 33876

200449300

04202005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
6632 Coral Ridge Rd	6632 Coral Ridge Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sebring, FL	City & State: Sebring, FL
Zip: 33876 Country: Highlands	Zip: 33876 Country: Highlands

4. FEI Number: 20-0253655 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145	Name: Kenneth F. Poe Street Address (P.O. Box Number is Not Acceptable): 6632 Coral Ridge Rd City: Sebring FL Zip Code: 33876

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: [signature] 4-21-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POE, KENNETH F 6632 RIDGE RD SEBRING, FL 33876	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same Same 6632 Coral Ridge Rd Sebring, FL 33876	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD POE, LINDA L 6632 RIDGE RD SEBRING, FL 33876	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same Same 6632 Coral Ridge Rd Sebring, FL 33876	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 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: [signature] 4-21-05 863-414-0149
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #