
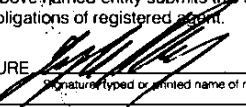
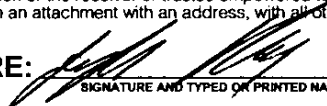


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90028 007 ***150.00

DOCUMENT # P07000009053					
1. Entity Name PANTHER CONCRETE INC					
Principal Place of Business 4661 10TH. AVE.SW. NAPLES, FL 34117			Mailing Address 4661 10TH. AVE.SW. NAPLES, FL 34117		
2. Principal Place of Business - No P.O. Box # 4661 10 th AVE. SE		3. Mailing Address 4661 10 th AVE. SE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State NAPLES FL.		City & State NAPLES FL.		4. FEI Number 20-8291169	
Zip 34117		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KRIKORY, JOSEPH R 4661 10 TH. AVE. SW. NAPLES, FL 34117			7. Name and Address of New Registered Agent Name: Krikory, Joseph R. Street Address (P.O. Box Number is Not Acceptable): 4661 10 th AVE. SE City: NAPLES FL Zip Code: 34117		
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: 1-7-2008	
(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. <input type="checkbox"/> \$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	P KRIKORY, JOSEPH R 4661 10TH AVE SW NAPLES, FL 34117		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Joseph R. Krikory 4661 10 th AVE SE NAPLES FL. 34117	
	<input type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<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 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: 				Date: 1-7-2008 (239) 877-4030	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	