

DOCUMENT # P93000018463

1. Entity Name

PANTHERS BOBCAT SERVICE, INC.

Jan 12,
Secr

Principal Place of Business

214 GRIFFIN RD.
NAPLES, FL 34113

Mailing Address

214 GRIFFIN RD.
NAPLES, FL 34113**DO NOT WRITE IN THIS SPACE**

01102006 No Chg-P CR2E034 (11/05)

4. FEI Number

65-0389909

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

HACKETHAL, DAVID W
214 GRIFFIN RD.
NAPLES, FL 34113**DO NOT WRITE
IN THIS SPACE**

6. 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, 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, 2006 Fee will be \$550.009. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	HACKETHAL, DAVID W
STREET ADDRESS	214 GRIFFIN RD.
CITY-ST-ZIP	NAPLES, FL 34113
TITLE	DV
NAME	HACKETHAL, JENNIFER A
STREET ADDRESS	214 GRIFFIN RD.
CITY-ST-ZIP	NAPLES, FL 34113
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000384819
01/17/06-80031-005 150.00**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 10, 06

Date

239-775-8866

Daytime Phone #