2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2007 08:00 A
Secretary of State

DOCUMENT # P95000088441

1. Entity Name
PANTHER RIDGE COMMUNITIES, INC.

Principal Place of Business	Mailing Address
303 NINTH STREET WEST SUITE 201 BRADENTON, FL 34205	303 NINTH STREET WEST SUITE 201 BRADENTON, FL 34205

DO NOT WRITE IN THIS SPACE

04032007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0626382

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BUSKIRK, FRANK A
303 NINTH STREET WEST
SUITE 201
BRADENTON, FL 34205

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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, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BUSKIRK, FRANK A
STREET ADDRESS	303 NINTH STREET WEST SUITE 201
CITY-ST-ZIP	BRADENTON, FL 34205
TITLE	V
NAME	SUMMERS, STEVE E
STREET ADDRESS	303 NINTH STREET WEST
CITY-ST-ZIP	BRADENTON, FL 34205
TITLE	S
NAME	BUSKIRK, FRANK A
STREET ADDRESS	303 NINTH STREET WEST
CITY-ST-ZIP	BRADENTON, FL 34205
TITLE	AS
NAME	GRAVELY, JEFF
STREET ADDRESS	303 NINTH STREET WEST SUITE 201
CITY-ST-ZIP	BRADENTON, FL 34205
TITLE	T
NAME	BUSKIRK, FRANK A
STREET ADDRESS	303 NINTH STREET WEST
CITY-ST-ZIP	BRADENTON, FL 34205
TITLE	AT
NAME	SUMMERS, STEVE E
STREET ADDRESS	303 NINTH STREET WEST SUITE 201
CITY-ST-ZIP	BRADENTON, FL 34205

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04/10/07-80059-009 150.00

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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 _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR