


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000053292	
1. Entity Name PANTHER VIEW, INC.	

Principal Place of Business 16301 PHIL RITSON WAY WINTER GARDEN, FL 34787	Mailing Address 16301 PHIL RITSON WAY WINTER GARDEN, FL 34787
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DO NOT WRITE IN THIS SPACE



01172004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3456298	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**RITSON, MICHELLE
16301 PHIL RITSON WAY
WINTER GARDEN, FL 34787**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP GLENN, GORDON S 1809 SYCAMORE PLACE MC KINNEY, TX 75070
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ISAYAMA, CHIYO 10214 CHILTERN GARDEN DR ORLANDO, FL 32827
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LOOFBURROW, JOHN 815 STANDISH AVENUE WESTFIELD, NJ 07090
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST PASSILLA, JAMES P 516 BUTLER STREET WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RITSON, MICHELLE 16301 PHIL RITSON WAY WINTER GARDEN, FL 34787
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C RITSON, PHILIP V 16301 PHIL RITSON WAY WINTER GARDEN, FL 34787

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02/11/04-80024-008 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ **2-9-04** **407-701-1999**

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