## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P98000083753

1. Entity Name

PANTHER CONSTRUCTION, INC.



Jan 29, 2005 08:00 AM Secretary of State

**FILED** 

Principal Place of Business 7730 KNIGHTWING CIRCLE FT. MYERS, FL 33912

Mailing Address

7730 KNIGHTWING CIRCLE FT. MYERS, FL 33912

DO	NOT	WRITE	IN	THIS	SPACE

01262005	No Chg-P	CR2E034 (10/03)		
4. FEI Number			Applied For	
65-0872183			Not Applicable	
5. Certificate o	f Status Desired	\$8.75 Additional		

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BACHELER, WILLIAM S

## DO NOT WRITE 7730 KNIGHTWING CIRCLE FT MYERS, FL 33912 IN THIS SPACE

<ol> <li>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. Fam familiar with, and accept the obligations of registered agent.</li> </ol>								
SIGNATURE.	Signature, typed or printed name of registered agent and title	if applicable. (NOTE Registored A	gent signatur	e required when reinstating)	DATE			
	E NOW!!! FEE IS \$150.00 lay 1, 2005 Fee will be \$550.00	Election Campaign Financi Trust Fund Contribution.	ng 📮	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	CTORS		· · · · · · · · · · · · · · · · · ·				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BACHELER, LINDA S 7730 KNIGHTWING CIRCLE FORT MYERS, FL 33912				· · · · · · · · · · · · · · · · · · ·			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD BACHELER, WILLIAM S 7730 KNIGHTWING CIRCLE FORT MYERS, FL 33912				U00000202785 01/29/05-80002-021 150.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-\$1-ZIP				IN <sup>-</sup>	THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS					· · · · · · · · · · · · · · · · · · ·			

12. I hereby certify that the information supplied with this filling 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:

CITY-ST-ZIP

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR