## **2008 FOR PROFIT CORPORATION**

## Jan 17, 2008 08:00 AN Secretary of State **ANNUAL REPORT** DOCUMENT # P98000083753 PANTHER CONSTRUCTION, INC. Principal Place of Business Mailing Address 7730 KNIGHTWING CIRCLE 7730 KNIGHTWING CIRCLE FT. MYERS, FL 33912 FT. MYERS, FL 33912 CR2E034 (11/05) 01142008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0872183 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent BACHELER, WILLIAM S DO NOT WRITE 7730 KNIGHTWING CIRCLE FT MYERS, FL 33912 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 Suppliere, typed or musted name of registered agent and little if adolicable (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10 PTD BACHELER, LINDA S NAMI STREET ADDRESS 7730 KNIGHTWING CIRCLE 01/17/08-80067-020 150.00 FORT MYERS, FL 33912 BACHELER, WILLIAM S NAME 7730 KNIGHTWING CIRCLE STREL1 ADDRESS CITY-ST-ZIP FORT MYERS, FL 33912 Title NAME STREET ADDRESS DO NOT WRITE CITY+ST-ZiP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP THE NAME

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplimental 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.

STREET ADDRESS CITY-S1-ZIP TITLE NAME STHEET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

41468

Davlime Phone #

FILED