2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V29571

1. Entity Name

PANTHER MOUNTAIN INC.



FILED Apr 18, 2007 08:00 AM Secretary of State

Applied For

Not Applicable

Principal Place of Business

4816 PALM AIRE DR SARASOTA, FL 34243 Mailing Address

4816 PALM AIRE DR SARASOTA, FL 34243



DO NOT WRITE IN THIS SPACE

03082007	No Chg-P	CR2E034 (11/05)

5. Certificate of Status Desired

\$8.75 Additional Fee Required

4. FEI Number 65-0332216

6. Name and Address of Current Registered Agent

LYNCH, RONALD J., JR. 4816 PALM AIRE DR SARASOTA, FL 34243

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							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE							
File NOW!!! FEE 18 \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LYNCH, RONALD J 4816 PALM AIRE DR SARASOTA, FL 34243				U00000713857		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LYNCH, KARYL 4816 PALM AIRE DR SARASOTA, FL 34243				04/26/07-80106-008 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN ⁻	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE							

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 affect 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:

NAME STREET ADDRESS CITY-ST-ZIP

Gonald & Lynch De

4-13-07

941-355-6157

Daytime Phon