2008 FOR PROFIT CORPORATION ANNUAL REPORT					
DOCUMENT # V29571 1. Entity Name PANTHER MOUNTAIN INC.					
Principal Place of Business	Mailing Address				
4816 PALM AIRE DR Sarasota, FL 34243	4816 PALM AIRE DR SARASOTA, FL 34243				

FILED Apr 09, 2008 08:00 A Secretary of State

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CR2E034 (11/05)

Applied For

\$8.75 Additional

Fee Required

Not Applicable

DO NOT WRITE IN THIS SPACE

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

No Chg-P

03212008

4. FEI Number 65-0332216

5. Certificate of Status Desired

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					
	E NOW!!! FEE 18 \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	U00000887571
10.	OFFICERS AND DIREC	TORS			04/21/03-80023-018 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LYNCH, RONALD J 4818 PALM AIRE DR SARASOTA, FL 34243				
TITLE NAME Street Adoress City-st-zip	ST LYNCH, KARYL 4818 PALM AIRE DR SARASOTA, FL 34243		•		
TITLE NAME Street Address City-St-Zip				DO	NOT WRITE
TITLE NAME Street address City-st-zip				IN	THIS SPACE
TITLE NAME STREET ADORESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Horida 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 cath; 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: Conold . Lynch & 4-7-08 941-355-6152 SIGNATURE AND TYPED OR PERATED NAME OF GROWING OFFICER OR OWNECTOR Data Data Data					