

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 428629

FILED  
Jul 02, 2009  
Secretary of State

Entity Name: BEARSS PARK, INC.

**Current Principal Place of Business:**

1015 W BEARSS AVE  
TAMPA, FL 336131142 US

**New Principal Place of Business:**

**Current Mailing Address:**

1015 W BEARSS AVE  
TAMPA, FL 336131142 US

**New Mailing Address:**

FEI Number: 59-1468080

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GRANT, JOHN A. JR.  
1715 NW SHORE BLVD  
STE 750  
TAMPA, FL 33607 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: STD ( ) Delete  
Name: BEARSS, PHYLLIS R  
Address: 1009 W. BEARSS AVENUE  
City-St-Zip: TAMPA, FL 33613

Title: VD ( ) Delete  
Name: BEARSS, CHARLES CARROLL  
Address: 14901 HARDY DRIVE WEST  
City-St-Zip: TAMPA, FL 33613

Title: PD ( ) Delete  
Name: BEARSS, ROBIN MARTIN  
Address: 1015 W. BEARSS AVE.LT 68  
City-St-Zip: TAMPA, FL 33613

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBIN M. BEARSS

DIR.

07/02/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date