


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90092 007 ***150.00

DOCUMENT # P99000081529		
1. Entity Name 3 BEARS PROPERTIES, INC.		
Principal Place of Business 12412 SAN JOSE BLVD SUITE 301 JACKSONVILLE, FL 32223		Mailing Address 12412 SAN JOSE BLVD SUITE 301 JACKSONVILLE, FL 32223
2. Principal Place of Business 4000 St Johns Ave Suite, Apt. #, etc. Suite 7 City & State Jacksonville, FL Zip 32205 Country Duval	3. Mailing Address 4000 St Johns Ave Suite, Apt. #, etc. Suite 7 City & State Jacksonville, FL Zip 32205 Country	



04222004 Chg-P CR2E034 (10/03)

4. FEI Number
62-1794387
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GREER, WILLIAM 4224 ORTEGA FOREST DRIVE JACKSONVILLE, FL 32210		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1830 Avondale Circle City Jacksonville FL Zip Code 32205	
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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 *William F. Greer* WILLIAM F. GREER

4/26/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARRIS, ANGELA J 4224 ORTEGA FOREST DRIVE JACKSONVILLE, FL 32210 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1830 Avondale Circle Jacksonville, FL 32205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GREER, WILLIAM 4224 ORTEGA FOREST DRIVE JACKSONVILLE, FL 32210 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1830 Avondale Circle Jacksonville, FL 32205
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing 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 *William F. Greer* - WILLIAM F. GREER

4/26/04

984-268-9220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #