

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000018441

1. Entity Name
BEAR CREEK CONSTRUCTION, INC.



FILED
Apr 29, 2004 08:00 AM
Secretary of State

Principal Place of Business
18240 BROOKHAVEN DR
BROOKSVILLE, FL 34604

Mailing Address
P.O. BOX 2826
INVERNESS, FL 34451



04272004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3623235
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MIZIO, ARMANDO F
25400 US 19 N, SUITE 210
CLEARWATER, FL 33763

**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 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

U00000138093

04/29/04-80066-016 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LASHLEY, JAMES D
STREET ADDRESS	18240 BROOKHAVEN DR
CITY-ST-ZIP	BROOKSVILLE, FL 34604
TITLE	ST
NAME	DUSHANE, DAWN V
STREET ADDRESS	9511 SWAN DR
CITY-ST-ZIP	INVERNESS, FL 34450
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Dawn V. Dushane
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04

727-580-1987

Date

Daytime Phone #