

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90340 008 ***150.00

DOCUMENT # P02000073389

1. Entity Name
3 BEARS ENTERPRISES II, INC.



Principal Place of Business
12412 SAN JOSE BOULEVARD
SUITE 301
JACKSONVILLE, FL 32223

Mailing Address
12412 SAN JOSE BOULEVARD
SUITE 301
JACKSONVILLE, FL 32223

2. Principal Place of Business
2031 Town Center Blvd
Suite, Apt. #, etc.

3. Mailing Address
2031 Town Center Blvd
Suite, Apt. #, etc.

City & State
Orange Park, FL
Zip
32202

City & State
Orange Park, FL
Zip
32202

04222004 Chg-P CR2E034 (10/03)

4. FEI Number
51-0417305
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

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

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME HARRIS, ANGELA J
STREET ADDRESS 4224 ORTEGA FOREST DRIVE
CITY-ST-ZIP JACKSONVILLE, FL 32210

TITLE D ☐ Delete
NAME GREER, WILLIAM
STREET ADDRESS 4224 ORTEGA FOREST DRIVE
CITY-ST-ZIP JACKSONVILLE, FL 32210

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1830 Avondale Circle
CITY-ST-ZIP Jacksonville, FL 32205

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1830 Avondale Circle
CITY-ST-ZIP Jacksonville, FL 32205

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Angela J. Harris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #