

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 28, 2005 8:00 am
Secretary of State

07-28-2005 90001 013 ***150.00

DOCUMENT # P02000087751

1. Entity Name

BLACK BEAR CONSTRUCTION, INC.



Principal Place of Business

**644 ASTARIAS CIR
FT MYERS, FL 33919**

Mailing Address

**644 ASTARIAS CIR
FT MYERS, FL 33919**

DO NOT WRITE IN THIS SPACE



07212005 No Chg-P CR2E034 (10/03)

4. FEI Number
22-3863608

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PETERSON, THOMAS
644 ASTARIAS CIR
FT MYERS, FL 33919**

**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 \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D
NAME PETERSON, KATHERINE M
STREET ADDRESS 644 ASTARIAS CIR
CITY-ST-ZIP FT MYERS, FL 33919

TITLE P
NAME PETERSON, TOM
STREET ADDRESS 644 ASTARIAS CIR
CITY-ST-ZIP FT. MYERS, FL 33919

TITLE VP
NAME PETERSON, ROBERT
STREET ADDRESS 1651 MCMULLEN RD
CITY-ST-ZIP LARGO, FL 33771

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: _____

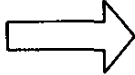
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT
50058139
**BLACK BEAR CONSTRUCTION
INC.**

**644 ASTARIAS CIRCLE
FT. MYERS, FL. 33919
FAX (239) 590-6587
PHONE (239) 340-4912**



**To: Division of Corporations
Uniform Business Report Filing
P.O. Box 1500
Tallahassee, FL 32302-1500**

Re: Document No. P02000087751

Date: 7/25/05

Our Corporation did not receive our Uniform Business Form and we are submitting a completed form from your web page along with our check in the amount of \$ 150.00 for the renewal fee.

Sincerely,



Thomas E. Peterson
President

We appreciate the opportunity to serve you.