2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIG

Mar 17, 2005 8:00 am DOCUMENT # P97000073761 **Secretary of State** 1. Entity Name 03-17-2005 90013 031 ***150.00 BLACK BEAR PROPERTIES, INC Principal Place of Business Mailing Address 13180 N. CLEVELAND AVE. #130 NORTH FORT MYERS FL 33903 13180 N. CLEVELAND AVE. #130 NORTH FORT MYERS FL 33903 2. Principal Place of Business 3. Mailing Address P.O. BOX 2846 Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State Applied For 4. FEI Number 65-0794584 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ESPOSITO, PATRICK 13180 N. CLEVELAND AVE. #130 Street Address (P.O. Box Number is Not Acceptable) NORTH FORT MYERS FL 33903 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PTD ... TITLE ☐ Change ☐ Addition ☐ Delete EPOSITO, PATRICK G NAME NAME 13180 N. CLEVELAND AVE: #130 STREET ADDRESS STREET ADDRESS NORTH FORT MYERS FL 33903 CITY-ST-ZIP CITY-ST-7IP VSD Delete **M** Change TITLE TITLE ☐ Addition Thompson Ric P.O. BOX 2846 THOMPSON, RICHARD BRAD NAME NAME 3 SILVERWOOD CT. STREET ADDRESS STREET ADDRESS Ft. Myers, FL. 33902 DURHAM NC 27713 CITY-ST-ZIP CITY-ST-7IP TITLE Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

Schard Thompson Vibres 3/10/05

FILED