2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2008 8:00 am
Secretary of State
05-02-2008 90116 002 ***150.00

DOCUMENT # P97000073761

1. Entity Name

BLACK BEAR PROPERTIES, INC.

Principal Place of Business	Mailing Address
~~13180 N. CLEVELAND AVE. #130~~ ~~NORTH FORT MYERS~~ FL 33903	P.O. BOX 2846 FORT MYERS FL 33902

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
229 N. Del Prado Blvd	
Suite, Apt. #, etc. Suite #3	Suite, Apt. #, etc.
City & State Cape Coral, FL	City & State
Zip 33909 Country USA	Zip Country

4. FEI Number 65-0794584 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ESPOSITO, PATRICK
~~13180 N. CLEVELAND AVE. #130~~
~~NORTH FORT MYERS FL 33903~~

7. Name and Address of New Registered Agent

Name (Same)
Street Address (P.O. Box Number is Not Acceptable) 229 N. Del Prado Blvd
Suite #3
City Cape Coral, FL **FL** Zip Code 33909

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, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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	PTD	☐ Delete	TITLE	(Same)	☒ Change ☐ Addition
NAME	EPOSITO, PATRICK G		NAME	(Same)	
STREET ADDRESS	~~13180 N. CLEVELAND AVE. #130~~		STREET ADDRESS	229 N. Del Prado Blvd, Suite 3	
CITY-ST-ZIP	~~NORTH FORT MYERS FL 33903~~		CITY-ST-ZIP	Cape Coral, FL. 33909	
TITLE	VSD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	THOMPSON, RICHARD		NAME		
STREET ADDRESS	P.O. BOX 2846		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL 33902		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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 exemptions contained in Section 119, 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: Richard Thompson V.Pres 4/1/08 239 337-3455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #