

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

\$550.00


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ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED



07112006 Chg-P CR2E034 (11/05)

DOCUMENT # P98000035141			
1. Entity Name BLACK BEAR REALTY, INC.		Principal Place of Business 24525 CR 44A EUSTIS, FL 32736	
Mailing Address P.O. BOX 520 SUITE 110 SORRENTO, FL 32776		2. Principal Place of Business Suite, Apt. #, etc.	
3. Mailing Address P.O. BOX 520 Suite, Apt. #, etc.		City & State Sorrento FL 32776	
Zip 32776	Country USA	4. FEI Number 59-3505534	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent BRUEGGEMAN, LEA 270 WAYMONT CT SUITE 110 LAKE MARY, FL 32746	
7. Name and Address of New Registered Agent Name MARK CARSON Street Address (P.O. Box Number is Not Acceptable) 24525 CR-44A City EUSTIS FL Zip Code 32736		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 <u>MARK R CARSON</u> DIRECTOR DATE 5-1-06 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARSON, MARK R P O BOX 520 SORRENTO, FL 32776 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700079213677 08/29/06--01016--022 **3711.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BRUEGGEMAN, LEE 270 WAYMONT CT STE 110 LAKE MARY, FL 32746 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST CARSON, ASHLEY P.O. BOX 520 SORRENTO FL 32776 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u>MARK R CARSON</u> DIRECTOR		Date 5-1-06 Daytime Phone # 352 357 5150	