

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90033 044 ***150.00

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1. Entity Name

THE BEAR ON JOG CORP.

Principal Place of Business

**8895 N MILITARY TRAIL
SUITE E-201
PALM BEACH GARDENS FL 33410**

Mailing Address

**8895 N MILITARY TRAIL
SUITE E-201
PALM BEACH GARDENS FL 33410**

44031807



MOORE CR2E034 (11/03)

2. Principal Place of Business

**600 Sandtree Drive
Suite, Apt. #, etc.
#109**

3. Mailing Address

**600 Sandtree Drive
Suite, Apt. #, etc.
#109**

City & State

Palm Beach Gardens, Florida

City & State

Palm Beach Gardens, Florida

4. FEI Number

65-0867448

Applied For

Not Applicable

Zip

33403

Country

USA

Zip

33403

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MCDONALD, DONNA
8895 N MILITARY TRAIL
SUITE E-201
PALM BEACH GARDENS FL 33410**

7. Name and Address of New Registered Agent

**Donna McDonald
Street Address (P.O. Box Number is Not Acceptable)
c/o Capital Realty Advisors, Inc.
600 Sandtree Drive, Suite 109
City
Palm Beach Gardens FL Zip Code
33403**

8. If 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

Donna McDonald

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-12-04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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

TITLE **DPS** ☐ Delete
NAME **CASTER, RICHARD**
STREET ADDRESS **398 NE 6TH AVE.**
CITY-ST-ZIP **DELRAY BEACH FL 33483**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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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)(f), 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 #