


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90292 009 \*\*\*150.00

<b>DOCUMENT # P98000103266</b>	
1. Entity Name <b>BLACK BEAR RESERVE EQUIPMENT COMPANY</b>	

Principal Place of Business <b>994 LAKE DESTINY ROAD STE 102 ALTAMONTE SPRINGS, FL 32714</b>	Mailing Address <b>994 LAKE DESTINY ROAD STE 102 ALTAMONTE SPRINGS, FL 32714</b>
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**20042391**

2. Principal Place of Business <b>24525 CR 44A</b>	3. Mailing Address <b>P.O. Box 520</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.



04182005 Chg-P CR2E034 (10/03)

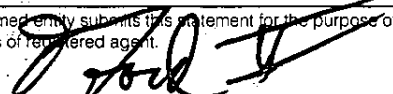
City & State <b>Eustis, FL</b>	City & State <b>Sorrento, FL</b>
Zip <b>32736</b>	Zip <b>32776</b>
Country <b>Lake</b>	Country <b>Lake</b>

4. FEI Number <b>59-3546408</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>FORD, ALBERT E II 994 LAKE DESTINY ROAD SUITE 102 ALTAMONTE SPRINGS, FL 32714</b>	
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7. Name and Address of New Registered Agent Name <b>Ford, Albert E II</b> Street Address (P.O. Box Number is Not Acceptable) <b>270 Waymont Ct., Suite 110</b> City <b>Lake Mary</b> FL Zip Code <b>32746</b>	
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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 	DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARSON, LEE ANN 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
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
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
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
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 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.	
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SIGNATURE:  <b>President</b>	<b>4-15-05</b> <b>362 887-5180</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #