

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2004 8:00 am**  
**Secretary of State**

01-22-2004 90006 041 \*\*\*150.00

**DOCUMENT # S58053**

1. Entity Name  
**CHI BEARS, INC.**



Principal Place of Business  
**915 COUNTRY CLUB BLVD.  
CAPE CORAL, FL 33990**

Mailing Address  
**915 COUNTRY CLUB BLVD.  
CAPE CORAL, FL 33990**

**44003460**



01152004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0271208**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**MOZZELLA CPA, VICTOR J  
1408 SE 17TH AVE  
SUITE F  
CAPE CORAL, FL 33990**

**DO NOT WRITE  
IN THIS SPACE**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSD  
MESSINA, JAMES  
915 COUNTRY CLUB BLVD.  
CAPE CORAL, FL 33990**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
HEIDI, MESSINA  
915 COUNTRY CLUB BLVD  
CAPE CORAL, FL 33990**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**~~6-~~  
~~CANAMIRICO, RICHARD~~  
~~915 COUNTRY CLUB BLVD~~  
~~CAPE CORAL, FL 33990~~**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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.

**SIGNATURE:** James Messina

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

239-458-5400