

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 13, 2006 08:00 AM
Secretary of State

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**



DO NOT WRITE IN THIS SPACE

01112006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0271208

Applied For
Not Applicable

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

8. 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

James Messina
JAMES MESSINA

DATE

1-11-06

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**000000385511
01/18/06-80018-015 150.00**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-06

Date

339-458-5400

Daytime Phone #