


2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # 271739 1. Entity Name BEAR'S DEN GROVE, INC.	
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Principal Place of Business 505 AVENUE A, NW SUITE 209 WINTER HAVEN, FL 33881 US	Mailing Address P.O. BOX 1112 WINTER HAVEN, FL 33882 US
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04262004 No Chg P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1010032	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

RALEY, WILLIAM L
505 AVENUE A, NW
SUITE 209
WINTER HAVEN, FL 33882

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 _____ DATE _____
signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 Fee**

U00000134728
04/28/04-80030-019 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RALEY, WILLIAM L. 505 AVE A, NW STE 209 WINTER HAVEN, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RALEY, THELMA C. 505 AVE A, NW STE 209 WINTER HAVEN, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RALEY, LINDSAY W., JR. 105 AVE A, NW STE 209 WINTER HAVEN, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RALEY, FRANCIS 505 AVE A, NW STE 209 WINTER HAVEN, FL
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 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 807, 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:  W. Lindsay Raley Sec/Treas. 4/26/04 863-294-7523
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #