


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jul 20, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 428629</b> 1. Entity Name <b>BEARSS PARK, INC.</b>	
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Principal Place of Business 1015 W BEARSS AVE TAMPA FL 33613-1142 US	Mailing Address 1015 W BEARSS AVE TAMPA FL 33613-1142 US
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2. Principal Place of Business <i>as above</i>	3. Mailing Address <i>as above</i>
Suite. Apt. #, etc.	Suite. Apt. #, etc.

2nd MOORE CR2E034 (4/06)

City & State	City & State
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4. FEI Number <b>59-1468080</b>	Applied For
	Not Applicable

Zip	Country	Zip	Country
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>
GRANT, JOHN A. JR. 1715 NW SHORE BLVD STE 750 TAMPA FL 33607

<b>7. Name and Address of New Registered Agent</b>
Name
Street Address (P.O. Box Number is Not Acceptable)
City <span style="float: right;"><b>FL</b> Zip Code</span>

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 \$550.00**  
**DUE BY September 6, 2006**  
**Make Check Payable to Florida Department of State**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	STD BEARSS, PHYLLIS R <input type="checkbox"/> Delete
NAME	1009 W. BEARSS AVENUE
STREET ADDRESS	TAMPA FL 33613
CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> Delete
NAME	BEARSS, CHARLES CARROLL
STREET ADDRESS	14901 HARDY DRIVE WEST
CITY - ST - ZIP	TAMPA FL 33613
TITLE	PD <input type="checkbox"/> Delete
NAME	BEARSS, ROBIN MARTIN
STREET ADDRESS	1015 W. BEARSS AVE.LT 68
CITY - ST - ZIP	TAMPA FL 33613
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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:** PHYLLIS R. BEARSS *Phyllis R. Bearss* 7-17-06 813/961-3119  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #