

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000038701 1. Entity Name BEAR ARCHERY, INC.	
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Principal Place of Business 817 MAXWELL AVENUE EVANSVILLE, IN 47706	Mailing Address 817 MAXWELL AVENUE EVANSVILLE, IN 47706
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DO NOT WRITE IN THIS SPACE



05232005 No Chg-P CR2E034 (10/03)

4. FEI Number 20-0019346	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301
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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 rechartering)	DATE _____
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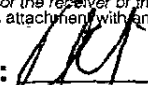
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GRIFFIN, ROBERT E 817 MAXWELL EVANSVILLE, IN 47706
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MATTHEWS, BLAINE E 817 MAXWELL EVANSVILLE, IN 47706
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILLIAMS, A GRAVES JR 817 MAXWELL EVANSVILLE, IN 47706
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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05/26/05-80004-021 150.00

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: 	Kirk Williams, Controller	05/23/2005	(812)467-1253
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #