FILED
Mar 10, 2004 8:00 am
Secretary of State
02-19-2004 90026 013 ***150.00

2/1

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000061269

1. Entity Name
CHEAR, INC.

Principal Place of Business
PO BOX 830489
OCALA, FL 34483 US

Mailing Address
PO BOX 830489
OCALA, FL 34483 US

66405252

01122004 Chg-P CR2E034 (10/03)

2. Principal Place of Business: 4085 SE 39th Circle
Suite, Apt. #, etc.
City & State: Ocala, FL
Zip: 34480 Country: U.S.A.

3. Mailing Address: 4085 SE 39th Circle
Suite, Apt. #, etc.
City & State: Ocala, FL
Zip: 34480 Country: U.S.A.

4. FEI Number: 01-0786317 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ADAMS, JOHN Q II
3021 SW 27TH AVENUE
UNIT 2
OCALA, FL 34474

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CHAPPELL, JACK N PO BOX 830489 OCALA, FL 34483	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SPEARS, ALLAN PO BOX 830489 OCALA, FL 34483	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: JACK CHAPPELL [signature] 2-13-04 (352)427-1335
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #