


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000004331 1. Entity Name 2 BEARS, INC.					
Principal Place of Business 306 DEGAS DRIVE NOKOMIS FL 34275-1317			Mailing Address PO BOX 337 NOKOMIS FL 34274-0337		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0806380	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
COOPER, C PO BOX 337 NOKOMIS FL 34274-0337				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P <input type="checkbox"/> Delete	NAME COOPER, C		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
STREET ADDRESS PO BOX 337	CITY-ST-ZIP NOKOMIS FL 34274		STREET ADDRESS	U00000405030	
CITY-ST-ZIP NOKOMIS FL 34274			CITY-ST-ZIP	02/07/06-80024-017 158.75	
TITLE VP <input type="checkbox"/> Delete	NAME COOPER, ALLEN		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
STREET ADDRESS PO BOX 337	CITY-ST-ZIP NOKOMIS FL 34274		STREET ADDRESS		
CITY-ST-ZIP NOKOMIS FL 34274			CITY-ST-ZIP		
TITLE D/S <input type="checkbox"/> Delete	NAME HAY, DON		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
STREET ADDRESS 106 WOODINGHAM DR	CITY-ST-ZIP VENICE FL 34292		STREET ADDRESS		
CITY-ST-ZIP VENICE FL 34292			CITY-ST-ZIP		
TITLE			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 another like empowered.					
SIGNATURE: _____			Date: 1/23/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



1st MOORE CR2E034 (10/05)