2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2005 8:00 am
Secretary of State
03-03-2005 90180 039 ***158.75

DOCUMENT # V70088

1. Entity Name
S. BEARS, INC.

50022262

Principal Place of Business	Mailing Address
1281 GULF OF MEXICO DR. #402 LONGBOAT KEY, FL 34228	3655 NORTHOME RD WAYZATA, MN 55391

02212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0353965
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MACKSEY, TIMOTHY P
2521 WATERVIEW CT.
SARASOTA, FL 34231

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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, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MOORE, THOMAS A
STREET ADDRESS	166 CHERRY HILL
CITY-ST-ZIP	PRINCETON, NJ 08540
TITLE	V
NAME	THOMPSON, JAMES W
STREET ADDRESS	7434 JAGER COURT
CITY-ST-ZIP	CINCINNATI, OH 45230
TITLE	S/T
NAME	LILLY, JOHN N
STREET ADDRESS	3655 NORTHOME RD
CITY-ST-ZIP	WAYZATA, MN 55391
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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)(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: _____ Secretary/Treasurer 2/27/05 612-330-5066
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #