

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000041502

**Entity Name:** BEAR STAFFING SERVICES CORPORATION

**Current Principal Place of Business:**

10501 SIX MILE CYPRESS PKWY  
SUITE 104  
FT. MYERS, FL 33966

**Current Mailing Address:**

10501 SIX MILE CYPRESS PKWY  
SUITE 104  
FT. MYERS, FL 33966 US

**FEI Number:** 20-2858974

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

COGENCY GLOBAL INC.  
115 NORTH CALHOUN ST., SUITE 4  
TALLAHASSEE, FL 32301 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name JOHNSON, SHERRI  
Address 10501 SIX MILE CYPRESS PKWY  
SUITE 104  
City-State-Zip: FT. MYERS FL 33966

Title S, T  
Name JOHNSON, GARY  
Address 10501 SIX MILE CYPRESS PKWY  
SUITE 104  
City-State-Zip: FT. MYERS FL 33966

Title DIR  
Name JOHNSON, SHERRI  
Address 10501 SIX MILE CYPRESS PKWY  
SUITE 104  
City-State-Zip: FT. MYERS FL 33966

Title DIR  
Name JOHNSON, GARY  
Address 10501 SIX MILE CYPRESS PKWY  
SUITE 104  
City-State-Zip: FT. MYERS FL 33966

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** GARY JOHNSON

COO

01/18/2021

Electronic Signature of Signing Officer/Director Detail

Date