

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 373860

1. Entity Name  
NIKKI BEARE AND ASSOCIATES, INC.



Principal Place of Business

101 W. 7TH AVE.  
HAVANA, FL 32333 US

Mailing Address

101 W. 7TH AVE.  
HAVANA, FL 32333 US

FILED

04 APR 26 PM 3:39

SECRETARY OF STATE  
TALLAHASSEE, FL



04262004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1309845

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BEARE, NIKKI  
7858 HAVANA HIGHWAY  
HAVANA, FL 32333

**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 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

200035822752  
04/10/04--01081--017 \*\*150.00

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTD  
BEARE, NIKKI  
7858 HAVANA HWY  
HAVANA, FL 32333

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
BEARE, RICHARD A  
7858 HAVANA HWY  
HAVANA, FL 32333

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ATD  
BEARE, SANDI  
7858 HAVANA HWY  
HAVANA, FL 32333

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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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #