


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # J97186 1. Entry Name BIG BEAR INVESTMENTS, INC.	
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Principal Place of Business 821 FIFTH AVE S. #201 NAPLES, FL 34102 US	Mailing Address 821 FIFTH AVE S. #201 NAPLES, FL 34102 US
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04272006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0013622	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BROOKER, CLAY D
821 FIFTH AVENUE SOUTH
SUITE 201
NAPLES, FL 34102**

**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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable. DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	PTD VARNADOE, GEORGE L. 157 SMALLWOOD DRIVE CHOKOLOSKEE, FL 34138
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VS VARNADOE, SUSAN 157 SMALLWOOD DRIVE CHOKOLOSKEE, FL 34138
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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05/10/06-80092-024 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4,27,06
Date

Daytime Phone #