


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K05253</b>	
1. Entity Name <b>BEARS GAP FOLIAGE, INC.</b>	

Principal Place of Business <b>17215 OLD HIGHWAY 50 WINTER GARDEN, FL 34787 US</b>	Mailing Address <b>P. O. BOX 771211 WINTER GARDEN, FL 34777 US</b>
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**DO NOT WRITE IN THIS SPACE**



03232004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2860853</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**MCKINLEY, RHONDA W  
17215 OLD HIGHWAY 50  
WINTER GARDEN, FL 34777**

**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 re-registering) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	<input checked="" type="checkbox"/> Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE <b>PD</b>	<b>MCKINLEY, RHONDA W 1345 WINTER GREEN WAY WINTER GARDEN, FL 34777</b>
TITLE <b>D</b>	<b>WARREN, DAVID E 14253 COUNTRY ESTATE DRIVE WINTER GARDEN, FL 34787</b>
TITLE <b></b>	<b></b>
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04/30/04-08/03-024 150.00

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 officers empowered.

SIGNATURE: *Rhonda McKinley* **RHONDA MCKINLEY** 3-24-04 4078598550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #