


2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

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

DOCUMENT # N99000006253

1. Entity Name
B.E.A.R.R., INC.



Principal Place of Business
6595 59TH LANE NORTH
PINELLAS PARK, FL 33781

Mailing Address
P O BOX 2934
PINEALLAS PARK, FL 33780-2934

DO NOT WRITE IN THIS SPACE

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02102004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3606200

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CALHOUN, FAY I
6595 59TH LANE NORTH
PINELLAS PARK, FL 33781

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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)

Filing Fee Is \$61.25
Due by May 1, 2004

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

U00000141976
04/30/04-80034-004 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO CALHOUN, FAY I 6595 59TH LANE NORTH PINELLAS PARK, FL 33781
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALHOUN, ROBERT O 6595 59TH LANE NORTH PINELLAS PARK, FL 33781
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCFADDEN, PATRICIA 6970 AVE DES PALAIS #1A SAINT PETERSBURG, FL 33707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWARD, KELLY A 8401 HOLLYHOCK AVE. LARGO, FL 33777
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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: Fay I. Calhoun CEO 4/30/04 722-845-1257
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #