

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006253

FILED
Apr 23, 2009
Secretary of State

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

Current Principal Place of Business:

6595 59TH LANE NORTH
PINELLAS PARK, FL 33781 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 2934
PINEALLAS PARK, FL 337802934 US

New Mailing Address:

FEI Number: 59-3606200

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: CEOD () Delete
Name: CALHOUN, FAY I
Address: 6595 59TH LANE NORTH
City-St-Zip: PINELLAS PARK, FL 33781

Title: D () Delete
Name: CALHOUN, ROBERT O
Address: 6595 59TH LANE NORTH
City-St-Zip: PINELLAS PARK, FL 33781

Title: D () Delete
Name: MCFADDEN, PATRICIA
Address: 6970 AVE DES PALAIS #1A
City-St-Zip: SAINT PETERSBURG, FL 33707

Title: D () Delete
Name: CALHOUN, CHAD
Address: 4827 20TH ST N
City-St-Zip: SAINT PETERSBURG, FL 33714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FAY I. CALHOUN

CEOD

04/23/2009

Electronic Signature of Signing Officer or Director

Date