

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000008118

Entity Name: ARBEAR, INC.

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1000 PINE HOLLOW POINT RD.  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

**Current Mailing Address:**

1000 PINE HOLLOW POINT RD.  
ALTAMONTE SPRINGS, FL 32714

**New Mailing Address:**

FEI Number: 59-3618693

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHIEDEL, GERALD  
1000 PINE HOLLOW POINT RD.  
ALTAMONTE SPRINGS, FL 32714 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: D  
Name: SCHIEDEL, BARRETT L  
Address: 1000 PINE HOLLOW POINT RD.  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D  
Name: SCHIEDEL, ARLYS  
Address: 1000 PINE HOLLOW POINT RD.  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D  
Name: SCHIEDEL, GERALD  
Address: 1000 PINE HOLLOW POINT RD.  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BARRY SCHIEDEL

D

04/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date