

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2007 8:00 am
Secretary of State

02-27-2007 90005 015 ***150.00

DOCUMENT # P00000033763

1. Entity Name

RED BEAR DEVELOPMENT, INC.



Principal Place of Business

1914 W BEACH DR
PANAMA CITY FL 32401

Mailing Address

PO BOX 219
PANAMA CITY FL 32402



2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1219

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State
Panama City, FL

4. FEI Number 59-3519847

Applied For
Not Applicable

Zip

Country

Zip

32402

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TALKINGTON, WADE B
1914 WEST BEACH DR
PANAMA CITY FL 32401

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent (this title is applicable)

(NOTE: Registered Agent signature required when reinstating)

1/23/07

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME TALKINGTON, WADE B
STREET ADDRESS 1914 WEST BEACH DR
CITY- ST- ZIP PANAMA CITY FL 32401 ☐ Delete

TITLE VSTD
NAME TALKINGTON, JULIANN P
STREET ADDRESS 1914 WEST BEACH DR
CITY- ST- ZIP PANAMA CITY FL 32401 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

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CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 or 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

Date

Daytime Phone #

1/23/07

850-319-
6653