## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 07, 2004 8:00 am Secretary of State **DOCUMENT # P00004** 04-07-2004 90009 033 \*\*\*158.75 1. Entity Name BEAR BROTHERS, INC. Principal Place of Business Mailing Address UZU 444--39 EAST JEFFERSON STREET 39 EAST JEFFERSON STREET P.O. BOX 2071 P.O. BOX 2071 MONTGOMERY, AL 36102-2071 MONTGOMERY, AL 36102-2071 03292004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number 63-0253894 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE GLAZER, MICHAEL AUSLEY, MCMULLEN, MCGEHEE, ET AL., 227 SOUTH CALHOUN STREET IN THIS SPACE TALLAHASSEE, FL 32302 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 and title if applicable. (NOTE: Registered Agent signature regulated when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE VSTD BEAR, JOE F., JR. NAME STREET ADDRESS 2442 MIDFIELD CITY-ST-ZIP MONTGOMERY, AL 36111 TITLE BEAR, CLYDE, II NAME STREET ADDRESS 2092 MYRTLEWOOD CITY-ST-ZIP MONTGOMERY, AL 36111 TITLE NOVAK, TABOR NAME 2286 COUNTRY CLUB STREET ADDRESS DO NOT WRITE COY-ST-7P MONTGOMERY, AL 36106 TITLE IN THIS SPACE NAME STALLINGS, DANIEL R III STREET ADDRESS 508 BRISTOL COURT CITY-ST-ZIP MONTGOMERY, AL 36117 TITLE NAME BEAR, JOHN E STREET ADDRESS 8814 SUMMER CREEK DRIVE CITY-ST-ZIP HOUSTON, TX 77379 TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

Clyde S. Bear, II 3/29/04

(334) 834-296

President.

12. I hereby certify that the information supplied with this filling 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 like empowered.

Daytime Phone #

FILED