

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P00004

1. Entity Name
BEAR BROTHERS, INC.



Principal Place of Business
39 EAST JEFFERSON STREET
P.O. BOX 2071
MONTGOMERY, AL 36102-2071

Mailing Address
39 EAST JEFFERSON STREET
P.O. BOX 2071
MONTGOMERY, AL 36102-2071

DO NOT WRITE IN THIS SPACE



01172005 No Chg-P CR2E034 (10/03)

4. FEI Number
63-0253894

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GLAZER, MICHAEL
AUSLEY, MCMULLEN, MCGEEHEE, ET AL.,
227 SOUTH CALHOUN STREET
TALLAHASSEE, FL 32302

**DO NOT WRITE
IN THIS SPACE**

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 required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSTD
BEAR, JOE F., JR.
2442 MIDFIELD
MONTGOMERY, AL 36111

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
BEAR, CLYDE II
2092 MYRTLEWOOD
MONTGOMERY, AL 36111

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
NOVAK, TABOR
2286 COUNTRY CLUB
MONTGOMERY, AL 36106

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
STALLINGS, DANIEL R III
508 BRISTOL COURT
MONTGOMERY, AL 36117

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BEAR, JOHN E
8814 SUMMER CREEK DRIVE
HOUSTON, TX 77379

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000291645
04/07/05-80039-013 158.75

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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)(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.

SIGNATURE:

Clyde S. Bear Clyde S. Bear, Pres.

5 April 05

334-834-2961

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone