2005 FOR PROFIT CORPORATION __ANNUAL REPORT

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

DO NOT WRITE IN THIS SPACE 4. FEI Number 63-0253894 5. Cartificate of Status Desired	ary or State	Secretary			ENT # P00004 THERS, INC.	1. Entity Na BEAR B
DO NOT WRITE IN THIS SPACE 4. FEI Number 63-0253894 5. Cartificate of Status Desired For Rec. 6. Name and Address of Current Registered Agent GLAZER, MICHAEL AUSLEY, MCMULLEN, MCGEHEE, ET AL., 227 SOUTH CALLHOUN STREET 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 the obligations of registered agent, or both, in the State of Florida. I am familiar the obligations of registered agent, or both, in the State of Florida. I am familiar the obligations of registered agent. 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 the obligations of registered agent, or both, in the State of Florida. I am familiar the obligations of registered agent, or both, in the State of Florida. I am familiar the obligations of registered agent, or both, in the State of Florida. I am familiar the obligations of registered agent, or both, in the State of Florida. I am familiar the obligations of registered agent, or both, in the State of Florida. I am familiar the obligations of registered agent, or both, in the State of Florida. I am familiar the obligations of registered agent, or both, in the State of Florida. I am familiar the obligations of registered agent, or both, in the State of Florida. I am familiar the obligations of registered agent, or both, in the State of Florida. I am familiar the obligations of registered agent, or both, in the State of Florida. I am familiar the obligations of registered agent, or both, in the State of Florida. I am familiar the obligations of registered agent, or both, in the State of Florida. I am familiar the obligations of registered agent, or both, in the State of Florida. I am familiar the obligations of registered agent, or both, in the State of Florida. I am familiar the obligations of registered agent, or both, in the State of Flo		Tarangan di kana akan bang angga kang kang kang kang kang kang	71	39 East Jefferson Street 2.0. Box 2071	rson stř <u>e</u> et	39 EAST JE
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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 cath, 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: Clycle S. Bear Pres. 5April 05 334834296