


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2008 08:00 A
Secretary of State

DOCUMENT # P00004 1. Entity Name BEAR BROTHERS, INC.	
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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
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01122008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 63-0253894	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GLAZER, MICHAEL AUSLEY, MCMULLEN, MCGEEHEE, ET AL., 227 SOUTH CALHOUN STREET TALLAHASSEE, FL 32302
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**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 reissuing) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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 2288 COUNTRY CLUB MONTGOMERY, AL 36108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STALLINGS, DANIEL R III 6108 HENLEY HEDGE CRT MONTGOMERY, AL 36117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEAR, JOHN E 24 FIELDSTONE DR HATTIESBURG, MS 39402
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/14/08-80046-013 158.75

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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 II
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/28/2008 334-834-2961
Date Daytime Phone #