


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90265 038 ***158.75

DOCUMENT # P02000049102	
1. Entity Name BEAR-VE, INC.	

Principal Place of Business 12388 NW CHARLIE GREEN DR STUART FL 34994	Mailing Address 12388 NW CHARLIE GREEN DR STUART FL 34994
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2. Principal Place of Business 1238 NW Charlie Green	3. Mailing Address 1238 NW Charlie Green
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Stuart Fla	City & State Stuart Fla
Zip 34994	Country Martin
Zip 34994	Country Martin



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent LITTLE, BARRY G 1248 CHARLIE GREEN DR STUART FL 34994	
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4. FEI Number 01-0690654	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004. Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LITTLE, BARRY G 1238 NW CHARLIE GREEN DR STUART FL 34994 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Barry Little **4-19-04 772-692-4149**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date