2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2005 8:00 am
Secretary of State
02-16-2005 90056 004 ***150.00

DOCUMENT # P03000021694

1. Entity Name

GEARS & REARS INC

66004850

Principal Place of Business	Mailing Address
716 NW 6 AVE FORT LAUDERDALE FL 33311 US	716 NW 6 AVE FORT LAUDERDALE FL 33311 US

1st MOORE CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address
716 NW 6 AVE	716 NW 6 AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft Laud Fla	City & State: Ft Laud Fla
Zip: 33311 Country: US	Zip: 33311 Country: US

4. FEI Number 75-3102000 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COMANIC, KIRK
1538 NE 5 AVE
FT LAUDERDALE FL 33304

7. Name and Address of New Registered Agent

Name: Raymond K Comanic
Street Address (P.O. Box Number is Not Acceptable): 1538 NE 5 AVE
City: Ft Lauderdale FL Zip Code: 33304

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: Raymond K Comanic 2/10/05
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
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COMANIC, KIRK Raymond 1538 NE 5 AVE 33304 FT LAUDERDALE FL 33304	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Raymond Kirk Comanic 1538 NE 5 AVE Ft Laud Fla 33304	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Raymond K Comanic 1538 NE 5 Ave Ft Laud Fla 33304	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Raymond K Comanic 2/10/05 954-444-1420
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #