## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000038701

Address:

City-St-Zip:

817 MAXWELL AVE

EVANSVILLE, IN 47706

FILED Jan 16, 2009 Secretary of State

Entity Nai	me: BEAR AI	RCHERY, INC.				
Current Principal Place of Business:				New Principal Place of Business:		
	VELL AVENUE LLE, IN 47706					
Current Mailing Address:				New Maili	ng Addre	ss:
	VELL AVENUE .LE, IN 47706					
FEI Number: 20-0019346 FEI Number Applied For (			d For()	FEI Number Not Appl	icable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
4600 SW 4 GAINESVI The above	e of Florida.	8 US	ent for the pu	rpose of changing it	ts register	ed office or registered agent, or both,
Electronic Signature of Registered Agent				t		Date
Election Car	mpaign Financir	g Trust Fund Contribu	ıtion ( ).			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	D ( GRIFFIN, ROE 817 MAXWELI EVANSVILLE,	_		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	D ( MATTHEWS, E 817 MAXWELI EVANSVILLE,	-		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition
Title: Name:	,	) Delete JAMES R PRESIDE		Title: Name:	O ALLSHOU	(X) Change ( ) Addition SE, JAMES R OFFICER

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

817 MAXWELL AVE

EVANSVILLE, IN 47706

SIGNATURE: JAMES R. ALLSHOUSE Ο 01/16/2009