

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000053041

Entity Name: RIVER BEARS CORP.

FILED
Jun 10, 2005
Secretary of State

Current Principal Place of Business:

5100 CLEVELAND AVE
SUITE 201
FORT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

5100 CLEVELAND AVE
SUITE 201
FORT MYERS, FL 33907

New Mailing Address:

FEI Number: 65-0699736

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UPESLACIS, UDO
5100 CLEVELAND AVE #201
FORT MYERS, FL, FL 33907 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: UPESLACIS, UDO
Address: 5100 CLEVELAND AVE. #201
City-St-Zip: FORT MYERS, FL 33907

Title: V () Delete
Name: UPESLACIS, AGNES M
Address: 5100 CLEVELAND AVE #201
City-St-Zip: FORT MYERS, FL 33907

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S () Change (X) Addition
Name: UPESLACIS, ALAN G
Address: 5100 CLEVELAND AVE #201
City-St-Zip: FORT MYERS, FL 33907

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: UDO UPESLACIS

P

06/10/2005

Electronic Signature of Signing Officer or Director

_____ Date