


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

01-24-2005 90030 020 ***150.00

DOCUMENT # P04000079011		
1. Entity Name P.J. BEAR, INC.		

Principal Place of Business 1240 KASAMADA DR. FORT MYERS, FL 33919	Mailing Address 1240 KASAMADA DR. FORT MYERS, FL 33919
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66006558



2. Principal Place of Business 15201 No. Cleveland Ave. Suite, Apt. #, etc. #115 City & State North Fort Myers FL Zip 33903 Country USA		3. Mailing Address 15201 No. Cleveland Ave. Suite, Apt. #, etc. #115 City & State North Fort Myers FL Zip 33903 Country USA	
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03102005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent COOK, PHILLIP A PAK MAIL, 15201 N. CLEVELAND AVE., #115 N. FT. MYERS, FL 33903		4. FEI Number 50-0014753		Applied For Not Applicable
7. Name and Address of New Registered Agent Name Carl Greco Street Address (P.O. Box Number is Not Acceptable) 3949 Evans Ave #403 City Fort Myers FL Zip Code 33901		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

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 Carl Greco DATE 3/10/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	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	D COOK, PHILLIP A PAK MAIL, 15201 N. CLEVELAND AVE., #115 N. FT. MYERS, FL 33903	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Phillip A. Cook DATE 3/10/05 DAYTIME PHONE # 239-275-7766

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR