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2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000080748

1. Entity Name
BEARCRETE CONCRETE COMPANY

Principal Place of Business	Mailing Address
1661 LAKE LOTELA DR. AVON PARK, FL 33825	1661 LAKE LOTELA DR. AVON PARK, FL 33825

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2. Principal Place of Business		3. Mailing Address	
1680 N. Delaware Ave		1680 N. Delaware Ave	
Suite, Apt. #, etc.: Apt 225		Suite, Apt. #, etc.: Apt 225	
City & State: Avon Park, FL		City & State: Avon Park, FL	
Zip: 33825	Country: USA	Zip: 33825	Country: USA

4. FEI Number 20-1346428 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCCLELLAN, JEREMI J 1661 LAKE LOTELA DR. AVON PARK, FL 33825	Name Street Address (P.O. Box Number is Not Acceptable) 1680 N. Delaware Ave Apt 225 City Avon Park FL Zip Code 33825

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 [signature]
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, 2006 Fee will be $550.00

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	PD MCCLELLAN, JEREMI J 1661 LAKE LOTELA DR. AVON PARK, FL 33825 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition 1680 N. Delaware Ave, Apt 225 Avon Park FL 33825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 exemptions contained 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 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: [signature] 6/12/06 863 452 1056
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #