2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000102948

1. Entity Name
G.W. BEAR, INC.

Principal Place of Business	Mailing Address
1863 NORTH LOURDES TERRACE INVERNESS, FL 34453	1863 NORTH LOURDES TERRACE INVERNESS, FL 34453

DO NOT WRITE IN THIS SPACE

01152008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
05-0605885	Not Applicable

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

6. Name and Address of Current Registered Agent

BEAR, KIM C
1863 N. LOURDES TERRACE
INVERNESS, FL 34453

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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 _____ VST   1-15-08

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, 2008 Fee will be $550.00

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

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10.	OFFICERS AND DIRECTORS	
TITLE	PD	
NAME	BEAR, GREGG W	
STREET ADDRESS	1863 NORTH LOURDES TERRACE	
CITY-ST-ZIP	INVERNESS, FL 34453	
TITLE	VST	
NAME	BEAR, KIM C	
STREET ADDRESS	1863 NORTH LOURDES TERRACE	
CITY-ST-ZIP	INVERNESS, FL 34453	
TITLE		
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

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01/17/08-80066-022 150.00

DO NOT WRITE IN THIS SPACE

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: _____ Kim C Bear   1-15-08   352-637-0170

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #