

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000098860

Entity Name: BEARPAWS GENERAL CRAFTSMAN, INC.

FILED
Jan 11, 2006
Secretary of State

Current Principal Place of Business:

1327 WALDEN DR
FT MYERS, FL 33901

New Principal Place of Business:

Current Mailing Address:

1327 WALDEN DR
FT MYERS, FL 33901

New Mailing Address:

FEI Number: 55-0901230 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

STEJSKAL, BARRETT
1327 WALDEN DRIVE
FORT MYERS, FL 33901 US

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: BARRETT STEJSKAL

01/11/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: STEJSKAL, BARRETT
Address: 1327 WALDEN DR
City-St-Zip: FT MYERS, FL 33901

Title: VP () Delete
Name: SHAPIRO, CHRISTINA L
Address: 1327 WALDEN DR
City-St-Zip: FT MYERS, FL 33901

Title: S () Delete
Name: STEJSKAL, WILLIAM A
Address: 1327 WALDEN DR
City-St-Zip: FT MYERS, FL 33901

Title: T () Delete
Name: STEJSKAL, KATE
Address: 1327 WALDEN DR
City-St-Zip: FT MYERS, FL 33901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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.

SIGNATURE: BARRETT STEJSKAL

PD

01/11/2006

Electronic Signature of Signing Officer or Director

Date