

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000020719

FILED  
May 01, 2007  
Secretary of State

Entity Name: BEARS TRUCK REPAIR, INC.

## Current Principal Place of Business:

115 W GRANT STREET  
ORLANDO, FL 32806 US

## New Principal Place of Business:

## Current Mailing Address:

268 BUTTONWOOD AV  
WINTER SPRINGS, FL 32708 US

## New Mailing Address:

FEI Number: 20-4276596

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TAXPROS, INC.  
420 E. STATE ROAD 434  
A-3  
LONGWOOD, FL 32750 US

## Name and Address of New Registered Agent:

TAXPROS, INC.  
301 W STATE ROAD 434  
313  
WINTER SPRINGS, FL 32708 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: LINDA E BILLER EA

05/01/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: GOULD, JOYCE  
Address: 268 BUTTONWOOD AV  
City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: D ( ) Delete  
Name: STREETER, TRENA  
Address: 18325 DORMAN RD  
City-St-Zip: LITHIA, FL 33947 US

Title: D ( ) Delete  
Name: BENNETT, YVONNE  
Address: 30 CAMBRIDGE PARK DR APT 2118  
City-St-Zip: CAMBRIDGE, MA 02140 US

Title: D ( ) Delete  
Name: GOPANI, SONYA  
Address: 305 LONESOME PINES DR  
City-St-Zip: LONGWOOD, FL 32779 US

Title: V ( ) Delete  
Name: GOULD, MELVIN IRISH  
Address: 115 W GRANT STREET  
City-St-Zip: ORLANDO, FL 32806 US

Title: V ( ) Delete  
Name: MACHADO, MELVIN GLENN  
Address: 115 W GRANT STREET  
City-St-Zip: ORLANDO, FL 32806 US

## 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:

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: JOYCE GOULD

PD

05/01/2007

Electronic Signature of Signing Officer or Director

Date