

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000020719

FILED
Jan 27, 2009
Secretary of State

Entity Name: BEARS TRUCK REPAIR, INC.

Current Principal Place of Business:

268 BUTTONWOOD AVE.
WINTER SPRINGS, FL 32708 US

New Principal Place of Business:

Current Mailing Address:

268 BUTTONWOOD AVE.
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.
301 W STATE ROAD 434
313
WINTER SPRINGS, FL 32708 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

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: 268 BUTTONWOOD AV
City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: V () Delete
Name: MACHADO, MELVIN GLENN
Address: 268 BUTTONWOOD AV
City-St-Zip: WINTER SPRINGS, FL 32708 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
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Address:
City-St-Zip:

Title: () Change () Addition
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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: MEL GOULD

PRES

01/27/2009

Electronic Signature of Signing Officer or Director

Date