

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

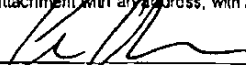
FILED
May 16, 2007 8:00 am
Secretary of State

04-24-2007 90009 005 ***150.00

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1st MOORE CR2E034 (10/06)

DOCUMENT # P06000125447					
1. Entity Name BEAN & BEAR, INC.					
Principal Place of Business 1075 22ND STREET SARASOTA FL 34234			Mailing Address 1075 22ND STREET SARASOTA FL 34234		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	-	Country	Zip	Country	
4. FEI Number 75-3240883			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent AMARNEK, EMILE A 1075 22ND STREET SARASOTA FL 34234			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when removing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			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	P MYERS, KELLY A 1075 22ND STREET SARASOTA FL 34234	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	P Amarnek, Kelly A. 1075 22nd Street Sarasota FL 34234	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	CEO AMARNEK, EMILE A 1075 22ND STREET SARASOTA FL 34234	☐ 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 Section 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 any address, with all other like empowered.					
SIGNATURE:  Emile Amarnek			4-14-07 941-330-2450		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		