

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000006722

FILED
Jan 30, 2009
Secretary of State

Entity Name: BEAR HOLLOW CARETAKERS, INC.

Current Principal Place of Business:

1175 CR 29
LAKE PLACID, FL 33852

New Principal Place of Business:

1175 CR 29
LAKE PLACID, FL 33852 US

Current Mailing Address:

6 MEADOWLAKE CIRCLE S
LAKE PLACID, FL 33852

New Mailing Address:

6 MEADOWLAKE CIRCLE S
LAKE PLACID, FL 33852 US

FEI Number: 59-3157342

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARVELL, EDWARD P
6 MEADOWLAKE CIRCLE S.
LAKE PLACID, FL 33852 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: VD () Delete
Name: HARVELL, EDWARD P
Address: 6 MEADOWLAKE CIRCLE S.
City-St-Zip: LAKE PLACID, FL 33852

Title: STD () Delete
Name: HARVELL, ANN W
Address: 6 MEADOWLAKE CIRCLE S.
City-St-Zip: LAKE PLACID, FL 33852

Title: PD () Delete
Name: HARVELL, ROBERT T
Address: 2057 CR 29
City-St-Zip: LAKE PLACID, FL 33852

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: HARVELL, EDWARD P
Address: 6 MEADOWLAKE CIRCLE S.
City-St-Zip: LAKE PLACID, FL 33852 US

Title: STD (X) Change () Addition
Name: HARVELL, ANN W
Address: 6 MEADOWLAKE CIRCLE S.
City-St-Zip: LAKE PLACID, FL 33852 US

Title: PD (X) Change () Addition
Name: HARVELL, ROBERT T
Address: 2057 CR 29
City-St-Zip: LAKE PLACID, FL 33852 US

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: ROBERT T HARVELL

PRES

01/30/2009

Electronic Signature of Signing Officer or Director

Date