## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000009549

15510 FURLONG CIR

ODESSA, FL 33556

Address: City-St-Zip:

Entity Name: ROBERT BEARS ENTERPRISES, INC

FILED Apr 27, 2004 Secretary of State

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Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
14152 63R CLEARWA	D WAY N ATER, FL 33760	) Pl	11805 SR 54 ODESSA, FL 33556	PL	
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
14152 63R CLEARW <i>A</i>	D WAY N ATER, FL 33760	) Pl	11805 SR 54 ODESSA, FL 33556	PI	
FEI Number:	: 59-3361928	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
<b>814 CHES</b>	RICHARD L JR TNUT STREET ATER, FL 34616	s US			
	named entity su e of Florida.	bmits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATUR	RE:				
	Electronic	Signature of Registered Age	ent	Date	
Election Car	mpaign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () D BEARS, ROBERT 120 TURTLE CRE OLDSMAR, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () E BEARS, ROBERT 70 TURTLE CREE OLDSMAR, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	D () D EDELMANN, GAR	elete Y	Title: Name:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Address:

City-St-Zip:

SIGNATURE: GARY EDELMANN SEC. 04/27/2004