

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000075629

1. Entity Name
BROWN BEAR PUBLISHING CO.



Principal Place of Business

POST OFFICE BOX 92411
LAKELAND, FL 33805

Mailing Address

POST OFFICE BOX 92411
LAKELAND, FL 33805

DO NOT WRITE IN THIS SPACE



02282005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3405503

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BROWN, WALTER L.
337 VALLEJO COURT
LAKELAND, FL 33809

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BROWN, WALTER L.
STREET ADDRESS	337 VALLEJO CT.
CITY-ST-ZIP	LAKELAND, FL
TITLE	VP
NAME	JACKSON, PHYLLIS S.
STREET ADDRESS	27391 SPRING ARBOR DR.
CITY-ST-ZIP	SOUTHFIELD, MI
TITLE	SE
NAME	FENNICK, YVONNE
STREET ADDRESS	75 MCLEAN
CITY-ST-ZIP	HIGHLAND PARK, MI
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/15/05-80065-025 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 an address, with all other like empowered.

SIGNATURE:

Walter L. Brown, WALTER L. BROWN 4-13-05 863-915-1320

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #