

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # V33705

1. Entity Name
BEARCRAFTERS, INC.



FILED

08 APR 28 PM 12:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04052006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3120509

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MC MANUS, DONALD M
408 N. INDIAN ROCKS RD.
BELLEAIR BLUFFS, FL 33770**

**DO NOT WRITE
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 rechartering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SULLIVAN, GINA T
STREET ADDRESS	2621 PLANTATIN COVE CIR.
CITY - ST - ZIP	BIRMINGHAM, AL 35226
TITLE	D
NAME	THOMISON, ED
STREET ADDRESS	P.O. BOX 337, 4TH AVE
CITY - ST - ZIP	INDIAN ROCKS BEACH, FL 346350337
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

500126257085
04/28/08--01016--022 **158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Edward E. Thomison* / **Edward E. Thomison**

4-12-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone