


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # G19103 1. Entity Name F & R ENTERPRISES OF BRADENTON, INC.	
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Principal Place of Business 23500 JENNINGS RD MYAKKA CITY FL 34251 US	Mailing Address 5206 17 AVE WEST BRADENTON FL 34209
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2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip Country

1st MOORE CR2E034 (10/05)

4. FEI Number 59-2250283	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent RUGGIERO, FRED F 5206 17TH AVE, W BRADENTON FL 34209	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	VD <input type="checkbox"/> Delete
NAME	RUGGIERO, ROBERT
STREET ADDRESS	519 - 51ST ST., W.
CITY-ST-ZIP	BRADENTON FL
TITLE	VSD <input type="checkbox"/> Delete
NAME	RUGGIERO, FRED F
STREET ADDRESS	5206 17 AVE. WEST
CITY-ST-ZIP	BRADENTON FL
TITLE	PD <input type="checkbox"/> Delete
NAME	RUGGIERO, ISABEL A.
STREET ADDRESS	5206 17 AVE WEST
CITY-ST-ZIP	BRADENTON FL
TITLE	VT <input type="checkbox"/> Delete
NAME	RUGGIERO, CHRISTINE
STREET ADDRESS	519 - 51ST ST. WEST
CITY-ST-ZIP	BRADENTON FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit.
NAME	000000520636
STREET ADDRESS	05/02/06-80101-025 150.00
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit.
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit.
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit.
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 an address, with all other like empowered.

SIGNATURE: Fred F Ruggiero **FRED F RUGGIERO V/P-SEC** 4/14/06 941-794-1102
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #