


**2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

03-28-2008 90023 017 \*\*\*150.00

**DOCUMENT # P05000142647**  
 1. Entity Name  
**BJR LAND, INC.**



Principal Place of Business Mailing Address  
**18460 BOYETTE ROAD 18460 BOYETTE ROAD**  
**LITHIA FL 33547-1715 LITHIA FL 33547-1715**

**65001606**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State City & State

4. FEI Number **NO-T APPLICABLE** Applied For  
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent  
**ALLEN, HUBERT**  
**18460 BOYETTE ROAD**  
**LITHIA FL 33547-1715**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 *Hubert Allen* DATE 3-17-08

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	O'KELLY, BILLY W	
STREET ADDRESS	1161 CUMMINGS ROAD	
CITY-ST-ZIP	RIVERVIEW FL 33561	
TITLE	V	<input type="checkbox"/> Delete
NAME	ALLEN, JOEY L	
STREET ADDRESS	18330 BETHLEHEM ROAD	
CITY-ST-ZIP	LITHIA FL 33547	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ALLEN, RANDY L	
STREET ADDRESS	17612 DORMAN ROAD	
CITY-ST-ZIP	LITHIA FL 33547-1715	
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"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 lists empowered.  
 SIGNATURE: *Joey L. Allen* DATE 4-15-08 D-10  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Designation