

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G41038

FILED  
Jan 04, 2011  
Secretary of State

**Entity Name:** B & R ENTERPRISES OF CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

% RAYMOND R. WORKMAN, JR.  
2900 POWER LINE RD. #300  
HAINES CITY, FL 33844

**New Principal Place of Business:**

**Current Mailing Address:**

% RAYMOND R. WORKMAN, JR.  
2900 POWER LINE RD. #300  
HAINES CITY, FL 33844

**New Mailing Address:**

**FEI Number:** 59-2307789

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WORKMAN, RAYMOND R., JR.  
2900 POWER LINE RD.  
# 300  
HAINES CITY, FL 33844 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: WORKMAN, RAYMOND R. JR.  
Address: 2900 POWERLINE RD  
City-St-Zip: HAINES CITY, FL 00000, FL 33844

Title: STD  
Name: WORKMAN, BARBARA L  
Address: 2900 POWERLINE RD  
City-St-Zip: HAINES CITY, FL 00000, FL 33844

I hereby 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 all other like empowered.

SIGNATURE: RAYMOND R WORKMAN JR.

PD

01/04/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date