


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 29, 2004 08:00 AM
Secretary of State

DOCUMENT # M06294
 1. Entity Name
B & R SERVICE CORPORATION



Principal Place of Business Mailing Address
16419 BROOKFIELD EST. WAY **16419 BROOKFIELD EST. WAY**
DELRAY BEACH, FL 33446 US **DELRAY BEACH, FL 33446 US**

DO NOT WRITE IN THIS SPACE



07222004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-2455353 Not Applicable

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

6. Name and Address of Current Registered Agent
REISEL, PHILLIP
16419 BROOKFIELD EST. WAY
DELRAY BEACH, FL 33446

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	REISEL, PHILIP
STREET ADDRESS	16419 BROOKFIELD EST WAY
CITY-ST-ZIP	DELRAY BEACH, FL 33446
TITLE	DVP
NAME	ABRAMSON, LAUREN
STREET ADDRESS	506 ASHWOOD RD
CITY-ST-ZIP	SPRINGFIELD, NJ 07081
TITLE	S
NAME	REISEL, JASON
STREET ADDRESS	150 STONEGATE TRAIL
CITY-ST-ZIP	CRESSKILL, NJ 07626
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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100000168685
 07/29/04-2002-010 158.75

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/24/04
Daytime Phone #