


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2008 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 DELRAY BEACH FL 33446 US
16419 BROOKFIELD EST. WAY DELRAY BEACH FL 33446 US



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
 Zip Country Zip Country

4. FEI Number **59-2455353**
 Applied For 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

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 _____
Signature, typed or printed name of registered agent and title applicable. (If OFF Registered Agent signature required when submitting g. DATE

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP REISEL, PHILLIP 16419 BROOKFIELD EST WAY DELRAY BEACH FL 33446 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000803739 02/05/08-80036-023 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ABRAMSON, LAUREN 367 STOUT AVE SCOTCH PLAINS NJ 07076 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S REISEL, JASON 80 PINE TERRACE DEMAREST NJ 07627 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Philip Reisel* PHILIP REISEL 1/23/08 561 637-0208
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date and Time