


<b>DOCUMENT # P01000078457</b>			
<b>1. Entity Name</b> <b>B &amp; R SECURITY SERVICES, INC.</b>			
<b>Principal Place of Business</b> 19982 CREWS RD. GLEN ST. MARY, FL		<b>Mailing Address</b> 19982 CREWS RD. GLEN ST. MARY, FL	
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
<b>6. Name and Address of Current Registered Agent</b>			
RAULERSON, CALVIN W JR. 19982 CREWS RD. GLEN ST. MARY, FL 32040			Name
			Street Address
			City
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.</b>			
SIGNATURE: <i>Calvin W. Raulerson</i>		Secretary	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required)	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> \$ Admission Fee <input type="checkbox"/> \$	
<b>10. OFFICERS AND DIRECTORS</b>			
TITLE	D/P	<input type="checkbox"/> Delete	
NAME	BURNHAM, HORACE T		
STREET ADDRESS	2 ST. MARY CIR.		
CITY-ST-ZIP	MACCLENNY, FL		
TITLE	D/S/	<input type="checkbox"/> Delete	
NAME	RAULERSON, CALVIN W JR.		
STREET ADDRESS	19982 CREWS RD.		
CITY-ST-ZIP	GLEN ST. MARY, FL		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
<b>11.</b>			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in indicated on this report or supplemental report is true and accurate and that my signature shall have the effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 6, F.S., changed, or on an attachment with an address, with all other like empowered.</b>			
SIGNATURE: <i>Horace T. Burnham</i>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			