


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 07, 2008 08:00 AM**  
**Secretary of State**

|                                       |   |
|---------------------------------------|---|
| DOCUMENT # P03000058297               |  |
| 1. Entity Name<br>BBCR HOLDINGS, INC. |   |

|  |  |
|--|--|
| Principal Place of Business<br>P O BOX 1384<br>TRENTON, FL 32693 | Mailing Address<br>P O BOX 1384<br>TRENTON, FL 32693 |
|--|--|

**DO NOT WRITE IN THIS SPACE**



01042008 No Chg-P CR2E034 (11/05)

|  |                               |
|--|-------------------------------|
| 4. FEI Number<br>38-3682573  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                               |

6. Name and Address of Current Registered Agent

DEEN, WILLIAM E  
508 E WADE ST  
TRENTON, FL 32693

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |   |
|---|---|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

10. OFFICERS AND DIRECTORS

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>DEEN, WILLIAM E<br>P O BOX 1384<br>TRENTON, FL 32693             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>WILES, WILLIAM K<br>2660 SE 48TH AVE<br>TRENTON, FL 32693        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>WILES, CHARLES H<br>1850 AUGUSTA NATIONAL<br>BLACKSBURG, VA 24060 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>HAJNER, RANDALL L<br>316 HAWAII WOODS CT<br>ORLANDO, FL 32824     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

**DO NOT WRITE IN THIS SPACE**

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01/08/08-80023-003 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: William Deen William Deen 1/4/08 (352) 463-1313

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #