

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 23, 2005 08:00 AM
Secretary of State**

DOCUMENT # P03000105830

1. Entity Name
BBR & RSR, INC.



Principal Place of Business
**1243 OLD GAINESVILLE HWY.
BLDG A
INTERLACHEN, FL 32148**

Mailing Address
**130 CAMP JOY RD.
INTERLACHEN, FL 32148**



02152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0251599

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ROOD, BARBARA B
130 CAMP JOY RD.
INTERLACHEN, FL 32148**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

1100000240312
02/23/05-80026-005 150.00

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **ROOD, BARBARA B**
STREET ADDRESS **130 CAMP JOY RD.**
CITY-ST-ZIP **INTERLACHEN, FL 32148**

TITLE **ST**
NAME **ROOD, RAYMOND S III**
STREET ADDRESS **130 CAMP JOY RD.**
CITY-ST-ZIP **INTERLACHEN, FL 32148**

TITLE
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Barbara B. Rood

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-05

Date

386-684-2617

Daytime Phone #