


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2006 8:00 am**  
**Secretary of State**

04-05-2006 90139 024 \*\*\*150.00

<b>DOCUMENT # P05000099879</b>		
1. Entity Name <b>R&amp;R ENTERPRISES OF LAKE COUNTY, INC.</b>		

Principal Place of Business <b>2323 GRIFFIN ROAD UNIT 2 LEESBURG, F 34748 US</b>	Mailing Address <b>2323 GRIFFIN ROAD UNIT 2 LEESBURG, FL 34748 US</b>
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2. Principal Place of Business <b>1735 TALLY BOX RD</b>	3. Mailing Address <b>1108 PINE RIDGE DAIRY RD</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Leesburg FL</b>	City & State <b>Fruitland Park FL</b>	4. FEI Number <b>20-31864360</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>34748</b>	Country <b>USA</b>	Zip <b>34731</b>	Country <b>LAKE</b>

6. Name and Address of Current Registered Agent <b>SELLAR, SEWELL, RUSS, SAYLOR &amp; JOHNSON, P.A 907 WEBSTER ST. LEESBURG, FL 34748</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P RUSSELL, JOYCE 1108 PINE RIDGE DAIRY RD FRUITLAND PARK, FL 34731</b> <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	<b>VP RANIZE, RITA 2018 VINE ST LEESBURG, FL 34748</b> <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	<b>VP/T RUSSELL, HOWARD 1108 PINE RIDGE DAIRY RD FRUITLAND PARK, FL 34731</b> <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	<b>VP/T RANIZE, RICHARD E 2018 VINE ST. LEESBURG, FL 34748</b> <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
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

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:** Joyce Russell **Joyce Russell** 4-106 352-326-5030

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