


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P92000011481 1. Entity Name BR FOODS, INC.	
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Principal Place of Business 1715 BARTOW RD LAKELAND, FL 33801 US	Mailing Address 225 E LEMON ST #215 LAKELAND, FL 33801 US
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**DO NOT WRITE IN THIS SPACE**



01092007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3155151	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REID, BRUCE E  
1715 BARTOW RD  
LAKELAND, FL 33801

**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 Bruce E Reid DATE 4-25-07

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REID, BRUCE E 855 BAYSHORE BLVD TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REID, ROSEMARY W 855 BAYSHORE BLVD TAMPA, FL 33606
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05/17/07-80064-010 150.00

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: Bruce E Reid DATE 4-25-07 DAYTIME PHONE # 863 686 0545

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR