

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000025769

1. Entity Name
BBR CORP.



Principal Place of Business
**MASSACHUSETTS
12 TWINBROOK CIRCLE
LONGMEADOW, MA 01106**

Mailing Address
**5523 GULF OF MEXICO DR.
LONGBOAT KEY, FL 34228**

DO NOT WRITE IN THIS SPACE



04102006 No Chg-P CR2E034 (11/05)

4. FEI Number **65-0480484** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BOGOFF, LESTER H Edna
5523 GULF OF MEXICO DR.
LONGBOAT KEY, FL 34228**

**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

Edna Bogoff
Signature, typed or printed name of registered agent and, if applicable

EDNA BOGOFF

(NOTE: Registered Agent signature required when registering)

04/25/06
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00 May Be
Trust Fund Contribution. Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BOGOFF, GARY A
STREET ADDRESS	25 OLD MAIN ROAD
CITY - ST - ZIP	MONTGOMERY, MA 01065
TITLE	T
NAME	REITER, LESLY A
STREET ADDRESS	12 TWINBROOK CIRCLE
CITY - ST - ZIP	LONGMEADOW, MA 01106
TITLE	S
NAME	BRUSH, WENDY E
STREET ADDRESS	72 GREEN HILL RD
CITY - ST - ZIP	LONGMEADOW, MA 01106
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000550539
05/13/06-80063-017 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Edna Bogoff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/25/06
Date

(941)383-4372
Daytime Phone