

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90535 029 \*\*\*150.00

<b>DOCUMENT # P95000013330</b> 1. Entity Name <b>JR &amp; BR INVESTMENTS, INC.</b>			
Principal Place of Business <b>2002 ALAFIA OAKS</b> <b>VALRICO, FL 33594</b>		Mailing Address <b>2002 ALAFIA OAKS</b> <b>VALRICO, FL 33594</b>	
2. Principal Place of Business <b>3413 PENDLETON WAY</b>		3. Mailing Address <b>3413 PENDLETON WAY</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>LAND O LAKES FL</b>		City & State <b>LAND O LAKES FL</b>	
Zip <b>34639</b>		Zip <b>34639</b>	
Country 		Country 	
4. FEI Number <b>59-3297416</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>SAXON, BERNICE</b> <b>201 E KENNEDY BLVD.</b> <b>STE. 600</b> <b>TAMPA, FL 33602</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 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	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD <b>CHENOWETH, RAYMOND J</b> <b>2002 ALAFIA OAKS</b> <b>VALRICO, FL 33594</b> <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div> <b>27910 LINCOLN PLACE</b> <b>WESLEY CHAPEL FL 33544-5418</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD <b>FOMUKE, RICHARD K</b> <b>3413 PENDLETON WAY</b> <b>LAND O'LAKES, FL 34639</b> <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.			
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<div style="display: flex; justify-content: space-between;"> <span><b>4-29-05</b></span> <span><b>813-267-6897</b></span> </div> <small>Date Daytime Phone #</small>	

**50046272**



04292005 Chg-P CR2E034 (10/03)