


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 11, 2007 08:00 AM
Secretary of State

DOCUMENT # P95000013330 1. Entity Name JR & BR INVESTMENTS, INC.	
---	---

Principal Place of Business 3413 PENDLETON WAY LAND O LAKES, FL 34639	Mailing Address 3413 PENDLETON WAY LAND O LAKES, FL 34639
---	---

DO NOT WRITE IN THIS SPACE



04112007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3297416	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 SAXON, BERNICE 201 E KENNEDY BLVD. STE. 600 TAMPA, FL 33602	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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
--	------------

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD CHENOWETH, RAYMOND J 27910 LINCOLN PLACE WESLEY CHAPEL, FL 335445418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD FOMUKE, RICHARD K 3413 PENDLETON WAY LAND O'LAKES, FL 34639
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

UD00000763561
05/30/07-80015-013 150.00

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  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	4-17-07 813-267-6897 Date Daytime Phone #
---	--