2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE!

DOCUMENT # P95000053398 1. Entity Name BSR ENTERPRISES, INC.						à	Feb 06, 2004 08:00 AM Secretary of State				
Principal Place of	f Business	Mailin	g Address			-					
600 PARK ST. SEBRING FL 33	POE	P O BOX 54 SEBRING FL 33871			1						
CEDIMINA 1 2 GG	30.0	ÜS	va , E 0007 1				: (##::##:)(# # # #!!!! ##	111111 (((((((((((((((((((((((((((((((D 1100 11100 11110 19898 8	#33## 5 55 5 ## 5	
2. Principal Place	3. Mai	3. Mailing Address									
Suite, Apt. #, etc.		Sust	Suite, Apt #, etc.				MOORE	CR2E	34 (11/03)		
City & State	City	City & State			4. 5	FEI Number 65-0642	950	} -~	oplied For		
Zıp	ip Country		Zip Cou		try	5. (Certificate of Status Desired		ditional		
6. Name and Address of Current Registered Agent						7. 1	Name and Address of N	ew Register	<u></u>		
DOWEN BY H					Name						
BOWEN, B T III 623 PARK STREET SEBRING FL 33870					Street Address (P.O. Box Number is Not Acceptable)						
					City			· · · · · · · · · · · · · · · · · · ·	7in Co	10	
					<u> </u>	<u> </u>					
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											
	nature typed or printed name of	registered againt and title if app	rkcable (NO)	E Registere	d Agent signature requi	red when re	oinstating)	DA'	Œ		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State							9. Election Campaig Trust Fund Contr			00 May Be d to Fees	
10.		ICERS AND DIRECTO	RS	11.		AD	DOITIONS/CHANGES TO	OFFICERS.	AND DIRECTOR	IS IN 11	
STREET ADDRESS 60	O OWEN, B.T. III. OO PARK ST EBRING FL 33870		Delete	1	1		00000 02/06/04	0038143 -80127-	□ Change 006 150.(Addition	
, ,	OWEN, B.T. IV.		☐ Delete	THE NAM	E				☐ Change	Addition	
\$ £	00 PARK ST. EBRING FL 33870				ET ADDRESS '-ST-ZIP						
TITLE ST			☐ Delete	TITE	!				☐ Change	Addition	
	OWEN, L.T. 10 PARK ST.			NAM STRI	EFT ADDRESS						
	EBRING FL 33870				-ST-ZIP	 ,	<u> </u>	 .			
TITLE NAME			Delete	TITL	1				Change	☐ Addition	
STREET ADDRESS CITY - ST - ZIP				STR	EET ADDRESS ST-ZIP						
TITLE	· · · · · · · · · · · · · · · · · · ·		☐ Delete	मार	E	-			☐ Change	☐ Addition	
NAME STREET ADDRESS				NAM	3						
CITY - ST - ZIP					TET ACORESS '-ST-ZIP						
TITLE		·· -	☐ Defete	THE				-, -	☐ Change	☐ Addition	
NAME STREET ADDRESS				MAM	E ETT ADDRESS						
CITY-ST-ZIP				•	-ST-ZIP						
12. I hereby certificated on of the corporathanged, or changed, or changed.	tify that the information so this report or supplementation or the receiver or on an attachment with a	supplied with this filing intal report is true and trustee empowered to an address, with all off	does not qualify to accurate and that execute this repor- ier like empoyered	or the exe my signa t as requ	emption stated in ture shall have the ired by Chapter 6	Section le same 607, Flori	119.07(3)(i), Florida Stat legal effect as if made u ida Statutes, and that my	ites. I further nder oath, the name appea	certify that the at I am an office are in Block 10 of \$63	information r or director or Block 13 if	

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