

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000053398

Entity Name: BSR ENTERPRISES, INC.

FILED
Feb 07, 2007
Secretary of State

Current Principal Place of Business:

600 PARK ST.
SEBRING, FL 33870

New Principal Place of Business:

Current Mailing Address:

P O BOX 54
SEBRING, FL 33871 US

New Mailing Address:

FEI Number: 65-0642950

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOWEN, B T III
623 PARK STREET
SEBRING, FL 33870 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BOWEN, B.T. III.
Address: 600 PARK ST
City-St-Zip: SEBRING, FL 33870

Title: VPD () Delete
Name: BOWEN, B.T. IV.
Address: 600 PARK ST.
City-St-Zip: SEBRING, FL 33870

Title: STD () Delete
Name: BOWEN, L.T.
Address: 600 PARK ST.
City-St-Zip: SEBRING, FL 33870

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAURA T. BOWEN

STD

02/07/2007

Electronic Signature of Signing Officer or Director

Date