


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90024 039 ***150.00

DOCUMENT # P99000051778		
1. Entity Name RSR ENTERPRISES, INC.		
Principal Place of Business 1310 ROBINHOOD LANE LAKELAND FL 33813	Mailing Address 1310 ROBINHOOD LANE LAKELAND FL 33813	



2. Principal Place of Business 5337 N. Socrum Loop Suite, Apt. #, etc.	3. Mailing Address 1310 Robinhood Lane Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/05)

City & State Lakeland FL	City & State Lakeland, FL	4. FEI Number 59-3582509	Applied For <input type="checkbox"/> Not Applicable
Zip 33809	Country Polk	Zip 33813	Country Polk

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**BAEDER, RONALD L
5107 LAKE MIRIAM DRIVE
LAKELAND FL 33813**

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City **FL** Zip Code _____

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE PT	<input type="checkbox"/> Delete
NAME BAEDER, RONALD L	
STREET ADDRESS 5107 LAKE MIRIAM DRIVE	
CITY-ST-ZIP LAKELAND FL 33813	
TITLE VS	<input type="checkbox"/> Delete
NAME PHILLIPS, RICHARD	
STREET ADDRESS 1310 ROBINHOOD LANE	
CITY-ST-ZIP LAKELAND FL 33813	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Ronald L. Baeder Ronald E. Baeder **1-31-06 863-644-8668**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #