

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M71262

Entity Name: C.M. FREEMAN CO.

**FILED**  
**Jan 24, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

471 LAKE BENNETT COURT  
LONGWOOD, FL 32750

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1145  
LONGWOOD, FL 327521145

**New Mailing Address:**

FEI Number: 65-0034548

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FREEMAN, TERRAN R.  
471 LAKE BENNETT COURT  
LONGWOOD, FL 32750 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: FREEMAN, CANDIS M.  
Address: PO BOX 1145  
City-St-Zip: LONGWOOD, FL 32752

Title: ST  
Name: FREEMAN, ROBERT A  
Address: PO BOX 1145  
City-St-Zip: LONGWOOD, FL 32752

Title: V  
Name: FREEMAN, TERRAN R  
Address: 891 ALBERTA ST  
City-St-Zip: LONGWOOD, FL 32750

I hereby 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 all other like empowered.

SIGNATURE: TERRAN FREEMAN

VP

01/24/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date