

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 19, 2006 8:00 am
Secretary of State

05-19-2006 90157 001 ***150.00

05-19-2006 90157 002 *****8.75

DOCUMENT # 170955

1. Entity Name
FREEMAN ELECTRIC COMPANY, INC.



Principal Place of Business

**P. O. BOX 2267
534 OAK AVENUE
PANAMA CITY, FL 32401**

Mailing Address

**P. O. BOX 2267
534 OAK AVENUE
PANAMA CITY, FL 32401**

DO NOT WRITE IN THIS SPACE

04262006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-0686017

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DUNCAN III, JOHN T
534 OAK AVE
PANAMA CITY, FL 32401**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD DUNCAN III, JOHN T 534 OAK AVENUE PANAMA CITY, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD DUNCAN, MICHAEL A 534 OAK AVE PANAMA CITY, FL |
| 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**

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

Date

Daytime Phone #