


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # 262342

1. Entity Name
FREEMAN PROPERTIES, INC.



Principal Place of Business
**513 SOUTHARD STREET
 KEY WEST, FL 33040**

Mailing Address
**513 SOUTHARD STREET
 KEY WEST, FL 33040**

DO NOT WRITE IN THIS SPACE



02242005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1151675

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FREEMAN, DAVID
 513 SOUTHARD STREET
 KEY WEST, FL 33040**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

| | |
|-----------------|----------------------|
| TITLE | PD |
| NAME | FREEMAN, DAVID |
| STREET ADDRESS | 3700 FLAGER AVE |
| CITY - ST - ZIP | KEY WEST, FL |
| TITLE | VD |
| NAME | FREEMAN, ELIZABETH C |
| STREET ADDRESS | 3700 FAGER AVE |
| CITY - ST - ZIP | KEY WEST, FL |
| TITLE | STD |
| NAME | FREEMAN, ELIZABETH M |
| STREET ADDRESS | 183 SAWYER DRIVE |
| CITY - ST - ZIP | SUMMERLAND KEY, FL |
| TITLE | VD |
| NAME | DOUGLAS D LARUE |
| STREET ADDRESS | 513 SOUTHARD ST |
| CITY - ST - ZIP | KEY WEST, FL 33040 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

DO NOT WRITE IN THIS SPACE

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 02/28/05-30072-006 154.73

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **22405 3052942542**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER: **DAVID W. FREEMAN CPCU**

Date: _____ Daytime Phone #: _____