


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # 262342
 1. Entity Name
FREEMAN PROPERTIES, INC.



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

DO NOT WRITE IN THIS SPACE



01072006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
59-1151675 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, 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	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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 01/17/06-80003-015 158.75

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, trustee, or 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:  **DAVID W FREEMAN** 16 2006 305 294 2542
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #