

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 05, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 373463**

1. Entity Name  
**FREEBETH, INC.**



Principal Place of Business  
**2206 SW 22ND CIRCLE S.  
OKEECHOBEE, FL 34974**

Mailing Address  
**2206 SW 22ND CIRCLE S.  
OKEECHOBEE, FL 34974**



03122007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0284468</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**RENFRANZ, DONALD A  
2206 SW 22ND CIRCLE S.  
OKEECHOBEE, FL 34974**

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 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	HALES, NORMAN F.
STREET ADDRESS	2357 SW 22ND CIR EAST
CITY-STATE-ZIP	OKEECHOBEE, FL 34974

TITLE	VD
NAME	HALES, JOHN F.
STREET ADDRESS	1958 SW 28TH AVE
CITY-STATE-ZIP	OKEECHOBEE, FL 34974

TITLE	SD
NAME	RENFRANZ, DONALD A.
STREET ADDRESS	2206 SW 22ND CIRCLE S.
CITY-STATE-ZIP	OKEECHOBEE, FL 34974

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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**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 persons empowered.

SIGNATURE:

*Donald A. Renfranz*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/3/07*  
Date

Date

*863 467 2130*  
Daytime Phone #