## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 22, 2004 8:00 am Secretary of State **DOCUMENT #389602** 1. Entity Name 04-22-2004 90048 011 \*\*\*150.00 FREMCO, INC. Principal Place of Business Mailing Address 37 VISTA GARDENS TR **37 VISTA GARDENS TRAIL** #204 APT. 204 VERO BEACH, FL 32962 VERO BEACH, FL 32962 US 2. Principal Place of Business 3. Mailing Address 601 Sunset Point Ct. 601 Sunset Point Suite, Apt. #, etc Suite, Apt. #, etc 04052004 CR2E034 (10/03) City & State Lutって City & State 4. FEI Number Applied For Florida Florida 59-1362731 Not Applicable Zip Country U.S.A \$8.75 Additional 5. Certificate of Status Desired 33549 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Robert G. Beard **HUNT, BETTY** 37 VISTA GARDENS TRAIL Street Address (P.O. Box Number is Not Acceptable) VERO BEACH, FL 32962 16644 Vallely Orive 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. Robert G. Beard Jr. 70, CPA Signature, typed or printed name of registered agent and fille II applicable. (NOTE: R SIGNATURE 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE Delete ☐ Addition HUNT, BETTY NAME NAME STREET ADDRESS 37 VISTA GRDNS TR #204 STREET ADDRESS VERO BEACH, FL CITY-ST-ZIP CITY-ST-ZIP President & Treasurer TITLE Delete TITLE Change 💢 **Addition** NAME WILEN, WILLIAM NAME 601 Sunset Point Court Lutz, Florida 33549 Vice PRESIDENT 15028 REDCLIFF DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33625 CITY-ST-ZIP TITLE VICE PRESIDENT ☐ Delete TITLE Change Addition COLDA BRUHLILD NAME NAME GOLDA BRUNLLD SUNSET POINT CI STREET ADDRESS STREET ADDRESS GOI SUNSET PT. CT. LUTZ. FLORIDA 33549 CITY-ST-ZIP CITY-ST-ZIP WTZ, FLORIOM 335 49 TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-ZIP 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 at this tree 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 in address, with all other like empowered. William Wilen SIGNATURE:

SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

**FILED**