

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90062 038 ***150.00

DOCUMENT # 445325

1. Entity Name
PRIDE PROPERTIES, INC.



Principal Place of Business Mailing Address
10100 CYPRESS COVE DR #471 UNIT #102 FORT MYERS, FL 33908
6513 Crown Colony Pl. #102 NAPLES, FL 34108

40018987



02102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1561465 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

FREEMAN (PAUL H.), ESQ.
1840 W 49 ST
SUITE 410
HIALEAH, FL 33012

**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, 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 | D |
| NAME | FREEMAN, PAUL H |
| STREET ADDRESS | 1840 W 49TH ST SUITE 700 |
| CITY-ST-ZIP | HIALEAH, FL 33012 |
| TITLE | PD |
| NAME | FREEMAN, JULES |
| STREET ADDRESS | 10100 CYPRESS COVE DR #471 |
| CITY-ST-ZIP | FORT MYERS, FL 33908 |
| TITLE | Jules Freeman |
| NAME | 6513 Crown Colony Pl. # 102 |
| STREET ADDRESS | Naples, FL 34108 |
| 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 #

7/18/06 (239)-591-1830