

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2007 08:00 AM
Secretary of State

DOCUMENT # 445325

1. Entry Name
PRIDE PROPERTIES, INC.



Principal Place of Business
**6513 CROWN COLONY PLACE
SUITE 102
NAPLES, FL 34108 US**

Mailing Address
**6513 CROWN COLONY PLACE
SUITE 102
NAPLES, FL 34108 US**



02162007 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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**U000000645133
03/02/07-80071-022 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREEMAN, PAUL H 1840 W 49TH ST SUITE 700 HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FREEMAN, JULES 6513 CROWN COLONY PLACE SUITE 102 NAPLES, FL 34108
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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 like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jules Freeman Pres. - **JULES FREEMAN**

2/20/07
Date

(239)-591-1830
Daytime Phone #