


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Apr 18, 2005 08:00 AM  
Secretary of State**

DOCUMENT # 519946.

1. Entity Name  
FREE-SAL GROVES, INC.



Principal Place of Business      Mailing Address

640 E. PLANT ST      640 E. PLANT ST  
WINTER GARDEN, FL 34787      WINTER GARDEN, FL 34787



04122005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1711476      Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

FREEMAN, RICHARD H  
640 E. PLANT ST.  
WINTER GARDEN, FL 32787

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FREEMAN, RICHARD H.
STREET ADDRESS	640 E. PLANT ST.
CITY-ST-ZIP	WINTER GARDEN, FL 34787
TITLE	D
NAME	FREEMAN, JOE L.
STREET ADDRESS	640 E. PLANT ST.
CITY-ST-ZIP	WINTER GARDEN FL.
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000314588  
04/19/05-80004-011 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Richard H. Freeman      Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR