


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

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|--|---|
| DOCUMENT # 519946 1. Entity Name FREE-SAL GROVES, INC. |  |
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|---|---|
| Principal Place of Business 640 E. PLANT ST WINTER GARDEN, FL 34787 | Mailing Address 640 E. PLANT ST WINTER GARDEN, FL 34787 |
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02142006 No Chg-P CR2E034 (11/05)

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|---|---------------------------------------|
| 4. FEI Number 59-1711476 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when restating)

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 NAME STREET ADDRESS CITY - ST - ZIP | P FREEMAN, RICHARD H. 640 E. PLANT ST. WINTER GARDEN, FL 34787 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D FREEMAN, JOE L. 640 E. PLANT ST. WINTER GARDEN FL. |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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 04/29/06-80103-015 150.00

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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: *Richard H. Freeman* _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____