

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 21, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 657714</b>	
1. Entity Name FREEDOM OF CHOICE REALTY, INC.	
Principal Place of Business 7373 NW 82 TERRACE PARKLAND, FL 33067-1004 US	Mailing Address 4613 UNIVERSITY DR #411 CORAL SPRINGS, FL 33067 US



01112005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1982706	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  BOCKHOLD, H. J. 7373 N.W. 82ND TERRACE PARKLAND, FL 33067	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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 NAME STREET ADDRESS CITY-ST-ZIP	P HEATH, GRETCHEN 7373 N.W. 82ND TERRACE PARKLAND, FL 330671044
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CM BOCKHOLD, JULIENNE R 7373 NW 82ND TERRACE PARKLAND, FL 330671099
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOCKHOLD, HAROLD H PO BOX 9316 CORAL SPRINGS, FL 33075
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOCKHOLD, HAROLD J 7373 NW 82ND TERR POMPANO BEACH, FL 330671099
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

02/21/05-80063-011 150.00

**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)(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 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 #