


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 23, 2006 08:00 AM
Secretary of State

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| DOCUMENT # 657714 |  |
| 1. Entity Name FREEDOM OF CHOICE REALTY, INC. | |

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|---|---|
| Principal Place of Business 7373 NW 82 TERRACE PARKLAND, FL 33067-1004 US | Mailing Address 4613 UNIVERSITY DR #411 CORAL SPRINGS, FL 33067 US |
|---|---|



01182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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|---|--------------------------------|
| 4. FEI Number 59-1982706 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent BOCKHOLD, H. J. 7373 N.W. 82ND TERRACE PARKLAND, FL 33067 |
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**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

000000394891
01/25/06-80029-009 150.00

| 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 | |

**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 lines empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/06 9549727700
Date Daytime Phone #