

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 11, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 657714**

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**



02042008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1982706**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BOCKHOLD, H. J.  
7373 N.W. 82ND TERRACE  
PARKLAND, FL 33067**

**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, 2008 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	HEATH, GRETCHEN
STREET ADDRESS	7373 N.W. 82ND TERRACE
CITY-ST-ZIP	PARKLAND, FL 330671044
TITLE	CM
NAME	BOCKHOLD, JULIENNE R
STREET ADDRESS	7373 NW 82ND TERRACE
CITY-ST-ZIP	PARKLAND, FL 330671099
TITLE	V
NAME	BOCKHOLD, HAROLD H
STREET ADDRESS	PO BOX 9316
CITY-ST-ZIP	CORAL SPRINGS, FL 33075
TITLE	V
NAME	BOCKHOLD, HAROLD J
STREET ADDRESS	7373 NW 82ND TERR
CITY-ST-ZIP	POMPANO BEACH, FL 330671099
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/20/08-80061-015 150.00

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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; changed, or on an attachment with an address, with all other like empowered.

SIGNATURE \_\_\_\_\_

*[Handwritten Signature]* VP&S

2/4/8 954 777 9000