

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 30, 2004 08:00 AM
Secretary of State

DOCUMENT # 691047

1. Entity Name
FREEMAN'S FABRICS, INC.



Principal Place of Business
**335 E. SEMORAN BLVD.
STE 115
FERN PARK, FL 32730**

Mailing Address
**335 E. SEMORAN BLVD.
STE 115
FERN PARK, FL 32730**

DO NOT WRITE IN THIS SPACE



01172004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2110505

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**NAYLOR, FREEMAN
335 E. SEMORAN BLVD.
STE 115
FERN PARK, FL 32730**

**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, 2004 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	VD NAYLOR, KEITH 641 BERWICK DR. WINTER PARK, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD NAYLOR, BETTY ANN 633 BLAIRSHIRE CIRCLE WINTER PARK, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD NAYLOR, FREEMAN 633 BLAIRSHIRE CIRCLE WINTER PARK, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD NAYLOR, SALLY 641 BERWICK DR. WINTER PARK, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/30/04-80004-004 150.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-27-04 407-339-9672