

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 17, 2005 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**



01182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

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02/17/05-80056-009 150.00

**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 19.07(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:

Keith D. Naylor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-11-05 407-339-9672

Daytime Phone #