

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 11, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000005782

1. Entity Name
FREESE CONSTRUCTION COMPANY, INC.



Principal Place of Business
**1355 TERRELL MILL ROAD
BUILDING 1470-100
MARIETTA, GA 30067**

Mailing Address
**1355 TERRELL MILL ROAD
BUILDING 1470-100
MARIETTA, GA 30067**



08012005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2182153

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

8. The above named agent, by signing this report, certifies that it is the duly authorized agent of the corporation in changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation.

SIGNATURE

Printed name of registered agent, and use if applicable

Agent signature required when resigning

DATE

NA

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FREESE, PATRICK A
STREET ADDRESS	4135 BARBERRY DR.
CITY-ST-ZIP	ROSWELL, GA 30075
TITLE	VT
NAME	FREESE, RICHARD A
STREET ADDRESS	2500 COUNTRY RIDGE PLACE
CITY-ST-ZIP	BIRMINGHAM, AL 35243
TITLE	S
NAME	VOLAN, LORI D
STREET ADDRESS	100 MILLBROOK TRACE
CITY-ST-ZIP	MARIETTA, GA 30068
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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08/11/05-80006-007 550.00

**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

Lori D. Volan

7/29/05 (770) 850-9393

Date

Daytime Phone #