



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90050 011 ***150.00

DOCUMENT # F05000005882 1. Entity Name FREUND-MAYER & CO., INCORPORATED					
Principal Place of Business 196 BELLE MEAD ROAD, SUITES 2-4 EAST SETAUKET, NY 11733				Mailing Address 196 BELLE MEAD ROAD, SUITES 2-4 EAST SETAUKET, NY 11733	
2. Principal Place of Business 321 DANTE COURT Suite, Apt. #, etc. SUITE B D7		3. Mailing Address P.O. BOX 515 Suite, Apt. #, etc.			
City & State HOLBROOK N.Y.		City & State EAST SETAUKET N.Y.			
Zip 11741		Zip N.Y. 11733			
Country US		Country US			
4. FEI Number 13-557 1671				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01192006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent KELLAM, MAGEN E ESQ. 5147 CASTELLO DRIVE NAPLES, FL 34103					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP KAIDL, MONIKA 196 BELLE MEAD ROAD, SUITES 2-4 EAST SETAUKET, NY 11733 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MONIKA KAIDL 3927 VALENTIA WAY NAPLES FL 34119 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCCANN, JAMES 3927 VALENTIA WAY NAPLES, FL 34119 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MULLER, JANINE 15 NEWTON AVE. SELDEN, NY 11784 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
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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 like empowered.					
SIGNATURE: <u><i>Monika Kaidl</i></u> PRESIDENT <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 2-22-06 Daytime Phone # 239-594-7254		