

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90337 044 ***150.00

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1. Entity Name
FREMONT RESOURCES, INC.



Principal Place of Business
**199 FREMONT STREET, 19TH FLOOR
SAN FRANCISCO, CA 94105-2255**

Mailing Address **Po Box 194170**
199 FREMONT STREET, 19TH FLOOR
SAN FRANCISCO, CA 94105-2255
94119-4170



04042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
94-3253290

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 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, 2006 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	DP DACHS, A.M. 199 FREMONT STREET, 19TH FLOOR SAN FRANCISCO, CA 941052255
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP DUNCAN, D.L. 199 FREMONT STREET, 19TH FLOOR SAN FRANCISCO, CA 941052255
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAYNES, H.J. 199 FREMONT STREET, 19TH FLOOR SAN FRANCISCO, CA 941052255
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS KOPF, R.S. 199 FREMONT STREET, 19TH FLOOR SAN FRANCISCO, CA 941052255
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COFFINO, S. 199 FREMONT STREET, 19TH FLOOR SAN FRANCISCO, CA 941052255
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S. Coffino
Treasurer

4/5/06
Date

415/284-8716
Daytime Phone #