

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000001147

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: FREEMAN MECHANICAL, INC.

**Current Principal Place of Business:**

209 WHITMIRE DRIVE  
GREENVILLE, SC 29605

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 8998  
GREENVILLE, SC 29604

**New Mailing Address:**

FEI Number: 01-0553219      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FLYNN, BARRY  
605 N COUNTY 393  
SANTA ROSA BEACH, FL 32459      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CP ( ) Delete  
Name: GILLESPIE, F HAROLD  
Address: PO BOX 8998  
City-St-Zip: GREENVILLE, SC 29604

Title: VCVP ( ) Delete  
Name: ROTH, JEAN G  
Address: PO BOX 8998  
City-St-Zip: GREENVILLE, SC 29604

Title: S ( ) Delete  
Name: ROTH, JEAN G  
Address: PO BOX 8998  
City-St-Zip: GREENVILLE, SC 29604

Title: D ( ) Delete  
Name: MEDLIN, WAYNE  
Address: PO BOX 8998  
City-St-Zip: GREENVILLE, SC 29604

Title: D ( ) Delete  
Name: ROTH, DONALD C  
Address: PO BOX 9536  
City-St-Zip: GREENVILLE, SC 29604

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEAN ROTH

Electronic Signature of Signing Officer or Director

VP

04/29/2009

Date