

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97753

FILED
Feb 13, 2009
Secretary of State

Entity Name: FREEMAN IRRIGATION AND REPAIR SERVICE, INC.

Current Principal Place of Business:

4917 20TH AVE SO.
GULFPORT, FL 33707

New Principal Place of Business:

1909 49TH STREET SOUTH
UNIT 16
GULFPORT, FL 33707

Current Mailing Address:

4917 20TH AVE SO.
GULFPORT, FL 33707

New Mailing Address:

1909 49TH STREET SOUTH
UNIT 16
GULFPORT, FL 33707

FEI Number: 59-2224527

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SLICKER, WILLIAM D.
4554 CENTRAL AVENUE
E
SAINT PETERSBURG, FL 33711 US

Name and Address of New Registered Agent:

SLICKER, WILLIAM D.
4554 CENTRAL AVENUE
E
SAINT PETERSBURG, FL 33711 US

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: WILLIAM D. SLICKER

02/13/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FREEMAN, ROBERT L.
Address: 6709 GULFPORT BLVD SO
City-St-Zip: SAINT PETERSBURG, FL 33707

Title: STD () Delete
Name: FREEMAN, BARBARA,
Address: 6709 GULFPORT BLVD SO
City-St-Zip: SAINT PETERSBURG, FL 33707

Title: VPD () Delete
Name: FREEMAN, R. S
Address: 4419 19TH ST NO
City-St-Zip: SAINT PETERSBURG, FL 33714

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:

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: ROBERT L. FREEMAN

P

02/13/2009

Electronic Signature of Signing Officer or Director

Date