## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPORT (AR)  DOCUMENT # H41570 1. Entity Name FRIEDMANN ENTERPRISES, INC.  Principal Place of Business 324 COMMERCE CT. P.O. BOX 1486 WINTER HAVEN FL 33880  Principal Place of Business Sulte, Apt #, etc.  Sulte, Apt #, etc.  Sulte, Apt #, etc.  1st MOORE CR2E034 (10/04)  City & State  City & State  Country  Zip Country Zip Country S. Certificate of Status Desired S. Name and Address of Current Registered Agent  JACKSON, DONNA F 745 AVENUE H. NORTH EAST. WINTER HAVEN FL 33881  Street Address (P.O. Box Number is Not Acceptable)  Tity Street Address of registered agent.  SIGNATURE Signature, typed or printed more of legistered agent and the fappheticie  ONOTE Registered Agent September Septemb
Principal Place of Business  324 COMMERCE CT. WINTER HAVEN FL 33880  2. Principal Place of Business  Sulte, Apt #, etc.  Sulte, Apt #, etc.  Sulte, Apt #, etc.  1st MOORE  CR2E034 (10/04)  City & State  City & State  City & State  City & State  4. FEI Number  59-2476771  Applied Not Applied No
324 COMMERCE CT. WINTER HAVEN FL 33880  P.O. BOX 1486 WINTER HAVEN FL 33882  2. Principal Place of Business  Suite, Apt #, etc.  Suite, Apt #, etc.  Suite, Apt #, etc.  1st MOORE  CR2E034 (10/04)  Applied Not Applied Not Applied Not Applied Not Applied Not Applied Not Applied Research  City & State  City & State  Country  Zip  Country  Zip  Country  Sip  Country  Signature  Name  JACKSON, DONNA F 745 AVENUE H. NORTH EAST. WINTER HAVEN FL 33881  City  Street Address (P.O. Box Number is Not Acceptable)  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent.  Signature, typed or printed name of ingetweed agent and trie if applicable (NOTE Registered Agent segments required when remaining)  PATE  FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00  Signature, typed or printed name of ingetweed agent and trie if applicable (NOTE Registered Agent segments required when remaining)  Signature, typed or printed name of ingetweed agent and trie if applicable (NOTE Registered Agent segments required when remaining)  PATE  FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00
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2. Principal Place of Business  3. Mailing Address  Suite, Apt #, etc.  1st MOORE  CR2E034 (10/04)  Applied Not Ap, Not Applied Street Address of Status Desired  \$8.75 Addition Fee Required Fee Required  \$8.75 Addition Fee Required  \$8.75 Addition Fee Required  \$1. Name and Address of New Registered Agent  Name  JACKSON, DONNA F 745 AVENUE H. NORTH EAST. WINTER HAVEN FL 33881  City  Street Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code  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 the obligations of registered agent and tifle if apphenishe  SignAture: Sign
Suite, Apt #, etc.  Suite, Apt #, etc.  Suite, Apt #, etc.  1st MOORE  CR2E034 (10/04)  City & State  4. FEI Number  59-2476771  Applier Not Applier Not Applier Not Applier Not Applier Not Applier  6. Name and Address of Current Registered Agent  Name  JACKSON, DONNA F  745 AVENUE H. NORTH EAST. WINTER HAVEN FL 33881  City  FL Zip Code  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 the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and talls if applicable  (NOTE Registered Agent signature required when resizating)  DATE  FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee Will Be \$550.00
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Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Addition Fee Required  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  Name  JACKSON, DONNA F  745 AVENUE H. NORTH EAST.  WINTER HAVEN FL 33881  City FL Zip Code  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 the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and trile if apphicable (NOTE Registered Agent signature required when reinstating)  PATE  FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee Will Be \$550.00
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Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code  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 the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstalling)  DATE  FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee Will Be \$550.00  Added to
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After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN
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12. Thereby 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 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 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 Bloc

(863)294-2283

HILLE 3 Challer Donna F Jackson SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: