2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Jan 11, 2008 08:00 A Secretary of State

DOC	LIN	1EN	T #	Η4	.67	75
レンレ	UIV	$I \perp I N$	1 77	1 17	0	, ,

1. Entity Name

FREEMAN BARNER & ASSOCIATES, P.A.



Principal Place of Business

11360 JOG ROAD

SUITE 104 PALM BEACH GARDENS, FL 33418 Mailing Address

11360 JOG ROAD

SUITE 104 PALM BEACH GARDENS, FL 33418



DO NOT WRITE IN THIS SPACE

CR2E034 (11/05) 01082008 No Chg-P

. FÇI NUINDBI			, opinou , or
59-2508199			Not Applicable
5. Certificate of Status Desired	□ \$8	.75	Additional

Fee Required

Applied For

6. Nan	ne and	Address	of Curr	ent Regis	tered.	Agent

BARNER, FREEMAN W JR. **11360 JOG ROAD** SUITE 104

DO NOT WRITE IN THIS SDACE

PALM BEACH GARDENS, FL 33418						
8. The above named the obligations of	d entity submits this statement for the purp registered agent.	pose of changing its registered	d office or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept		
SIGNATURE Signatur	e, typed or printed name of registered agent and title if ap	plicable. (NOTE: Registered /	Agent signature required when reinstating)	DATÉ		
FILE NO After May 1,	W!!! FEE IS \$150.00 2008 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	ing \$5.00 May Be Added to Fees	·		
STREET ADDRESS 1136	OFFICERS AND DIRECTO NER, FREEMAN W. JR. 50 JOG RD, STE 104 M BEACH GARDENS, FL 33418	PAS		U00000779439 -01/11/08-80037-011 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-S1-ZIP				NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			in.	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						

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.

RE AND TYPED OFF RINTED NAME