


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 10, 2006 8:00 am**  
**Secretary of State**

05-10-2006 90101 024 \*\*\*150.00

**DOCUMENT # J14186**  
 1. Entity Name  
**FREEDOM RETIREMENT COMMUNITIES, INC.**



Principal Place of Business  
**455 N INDIAN ROCKS RD STE B  
 BELBAIR BLUFFS, FL 33770 US**

Mailing Address  
**455 N INDIAN ROCKS RD STE B  
 BELBAIR BLUFFS, FL 33770 US**

**60037877**



2. Principal Place of Business  
**1180 Ponce De Leon Blvd  
 Suite, Apt. #, etc.  
 Suite 201**

3. Mailing Address  
**1180 Ponce De Leon Blvd  
 Suite, Apt. #, etc.  
 Suite 201**

05012006 Chg-P CR2E034 (11/05)

City & State  
**Clearwater, FL**

City & State  
**Clearwater, FL**

Zip  
**33756**

Country  
**USA**

Zip  
**33756**

Country  
**USA**

4. FEI Number  
**59-2674777**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**BUCKLES, WILLIAM G., JR.  
 455 N INDIAN ROCKS RD, STE B  
 BELBAIR BLUFFS, FL 33770**

7. Name and Address of New Registered Agent

Name

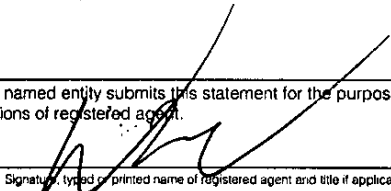
Street Address (P.O. Box Number is Not Acceptable)  
**1180 Ponce De Leon Blvd**

**Suite 201**

City  
**Clearwater, FL**

Zip Code  
**33756**

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:  **Bill Buckles** **4/30/06** DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00  
 Due by September 6, 2006**

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	PTS BUCKLES, WM G. 455 N INDIAN ROCKS RD STE B BELBAIR BLUFFS, FL 33770	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS BUCKLES, WM G. 1180 Ponce De Leon Blvd, Suite 201 Clearwater, FL 33756	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE:  **Bill Buckles** **4/30/06** DATE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR