

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # J63975

1. Entity Name
FREEMAN BROTHERS' BODY SHOP, INC.



FILED

07 APR -6 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2420 WADE AVENUE
PENSACOLA, FL 32507

Mailing Address
2420 WADE AVENUE
PENSACOLA, FL 32507

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04022007

Chg-P

CR2E034 (12/06)

4. FEI Number

59-2782620

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOX, TRACY
9029 NEPTUNE DR
PENSACOLA, FL 32507

Name

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 accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVST
BOX, TRACY
2420 WADE AVENUE
PENSACOLA, FL 32507

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
William D. Freeman
307 North 59th Ave
Pensacola, FL 32506

☐ Change

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STREET ADDRESS
CITY-ST-ZIP

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05/03/07--01014--029 **\$61.25

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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.

SIGNATURE

Freeman 11/4/07