


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90023 032 ***150.00

DOCUMENT # J68803 1. Entity Name FREEMAN FINANCIAL PLANNING, INC.																																							
Principal Place of Business 248 VILLAGE BLVD. #3107 TEQUESTA, FL 33469		Mailing Address PO BOX 3070 TEQUESTA, FL 33469																																					
2. Principal Place of Business 1570 S. 42 CIR Suite, Apt. #, etc. 102		3. Mailing Address 1570 S. 42 CIR Suite, Apt. #, etc. 102																																					
City & State VERO BEACH, FL Zip 32967		City & State VERO BEACH, FL Zip 32967																																					
Country USA		Country USA																																					
4. FEI Number 59-2960595		Applied For <input type="checkbox"/> Not Applicable																																					
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																					
6. Name and Address of Current Registered Agent FREEMAN, DONALD W. 248 VILLAGE BLVD. 3107 TEQUESTA, FL 33469		7. Name and Address of New Registered Agent Name FREEMAN, DONALD W. Street Address (P.O. Box Number is Not Acceptable) 1570 S. 42 CIRCLE #102 City VERO BEACH FL Zip Code 32967																																					
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 <u><i>Donald W. Freeman</i></u> DONALD W. FREEMAN 2-27-04 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>																																							
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees																																					
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> PSD FREEMAN, DONALD W 248 VILLAGE BLVD., #3107 TEQUESTA, FL 33469 </td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD FREEMAN, DONALD W 248 VILLAGE BLVD., #3107 TEQUESTA, FL 33469		<input type="checkbox"/> Delete															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> PSD FREEMAN, DONALD W. 1570 S. 42 CIR - 102 VERO BEACH FL 32967 </td> </tr> <tr> <td></td> <td style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD FREEMAN, DONALD W. 1570 S. 42 CIR - 102 VERO BEACH FL 32967		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition														
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12. I hereby 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 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: <u><i>Donald W. Freeman</i></u> DONALD W. FREEMAN 2-27-04 772 7785882 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																							

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