

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 16, 2006 08:00 AM
Secretary of State

DOCUMENT # M29765

1. Entity Name
THE FREEMAN GROUP, INC.



Principal Place of Business
19091 TAMiami TRAIL SE
FT MYERS, FL 33908 US

Mailing Address
19091 TAMiami TRAIL SE
FT MYERS, FL 33908 US



02102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0093211

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FREEMAN, PAUL H.
~~1406 DATRAN CENTER~~
1840 WEST 49TH ST., SUITE 410
MIAMI, FL 33012

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IN THIS SPACE

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

FILE NOW!!! FEE IS \$750.00
After May 1, 2006 Fee will be \$550.00

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
DP
FREEMAN, PAUL H.
1840 WEST 49 STREET SUITE 410
HIALEAH, FL 33012

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
FREEMAN, ALAN C.
19091 TAMiami TRAIL, SE
FT. MYERS, FL 33908

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
FREEMAN, NEIL D.
350 W ERIE STE 150
CHICAGO, IL 60610

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000437138
02/28/06 80030-006 150.00

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IN THIS SPACE

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: Alan C. Freeman Vice President Alan C. Freeman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/06
Date

Daytime Phone #