

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010109

FILED
Jul 13, 2006
Secretary of State

Entity Name: FREAK INC.

Current Principal Place of Business:

435 INDIAN VILLAGE TRAIL
TALLAHASSEE, FL 32304

New Principal Place of Business:

2421 JACKSON BLUFF RD
TALLAHASSEE, FL 32304

Current Mailing Address:

PO BOX 21145
TALLAHASSEE, FL 32316

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ALLEN, VICTORIA A
435 INDIAN VILLAGE TRAIL
TALLAHASSEE, FL 32304 US

Name and Address of New Registered Agent:

ALLEN, VICTORIA A
2421 JACKSON BLUFF ROAD
TALLAHASSEE, FL 32304 US

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.

SIGNATURE:

07/13/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: THURSTON, TAMI S
Address: 27850 HIGHWAY 131
City-St-Zip: OAK CREEK, CO 80467

Title: VP () Delete
Name: EGGERS, JILL J
Address: 1674 235TH STREET
City-St-Zip: STATE CENTER, IA 50247

Title: S/T () Delete
Name: ALLEN, SHAWNTEL B
Address: 608 NORTH STATE STREET
City-St-Zip: GREENFIELD, IN 46140

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ALLEN, VICTORIA A
Address: 2421 JACKSON BLUFF ROAD
City-St-Zip: TALLAHASSEE, FL 32304

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: ALLEN, SHAWNTEL B
Address: 608 NORTH STATE STREET
City-St-Zip: GREENFIELD, IN 46140

Title: T () Change (X) Addition
Name: THURSTON, TAMI S
Address: 27850 HIGHWAY 131
City-St-Zip: OAK CREEK, CO 80467

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VICTORIA ALLEN

P

07/13/2006

Electronic Signature of Signing Officer or Director

Date