2005 FOR PROFIT CCRPORATION ANNUAL INCIDENT

Mar 01, 2005 08:00 AM **Secretary of State DOCUMENT # P00000097041** 1. Entity Name FREEHOLD BUILDING ONE CORP. Mailing Address Principal Place of Business 1906 HARBOURSIDE DR., #301 1906 HARBOURSIDE DR., #301 LONGBOAT KEY, FL 34228-4206 LONGBOAT KEY, FL 34228-4206 02102005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 22-3228912 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE HELLER, ROBERT 1906 HARBOURSIDE DR., #301 LONGBOAT KEY, FL 34228-4206 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_ Stonature, Noed or conted name of registered agent and trile if applicable (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. \Box Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME HELLER, ROBERT U000000247414 1906 HARBOURSIDE DR., #301 03/01/05-80021-008 150.00 STREET ADDRESS CLTY-ST-ZIP LONGBOAT KEY, FL 342284206 NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 ampowered 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 of the composition of the corporation of the c

SIGNATURE:

NAME STREET ADDRESS CITY - ST- ZIP

NAME STREET ADDRESS CITY-ST-ZIP

NAME OF SIGNING OFFICER OR DIRECTOR

FILED