

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 24, 2004 8:00 am**  
**Secretary of State**

02-24-2004 90013 037 \*\*\*150.00

**DOCUMENT # P02000011072**

1. Entity Name

**WILLIAM H. FREEMAN CONSTRUCTION, INC.**



Principal Place of Business

**305 E DUVAL ST  
 LAKE CITY FL 32055**

Mailing Address

**305 E DUVAL ST  
 LAKE CITY FL 32055**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**03-0419539**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

**FREEMAN, WILLIAM H  
 409 E. DUVAL ST., SUITE 3  
 LAKE CITY FL 32055**

7. Name and Address of New Registered Agent

Name

**Freeman, William H.**

Street Address (P.O. Box Number is Not Acceptable)

**215 N.W. Adrienne Glen**

City

**LAKE CITY**

FL

Zip Code

**32055**

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 \$150.00**

**After May 1, 2004: Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00 May Be  
 Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D**  Delete  
 NAME **FREEMAN, WILLIAM H**  
 STREET ADDRESS **409 E. DUVAL ST., SUITE 3**  
 CITY-ST-ZIP **LAKE CITY FL 32055**

TITLE **D**  Delete  
 NAME **FREEMAN, REBECCA M**  
 STREET ADDRESS **RT. 16 BOX 792**  
 CITY-ST-ZIP **LAKE CITY FL 32055**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P**  Change  Addition  
 NAME **FREEMAN, William H.**  
 STREET ADDRESS **215 N.W. Adrienne Glen**  
 CITY-ST-ZIP **LAKE CITY, FL 32055**

TITLE **D**  Change  Addition  
 NAME **FREEMAN, Rebecca M.**  
 STREET ADDRESS **215 N.W. Adrienne Glen**  
 CITY-ST-ZIP **LAKE CITY, FL 32055**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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: *William H. Freeman*

**William H. Freeman** 2/18/04

(386) 758-4209

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #