
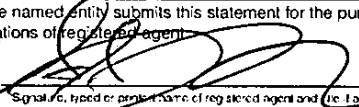
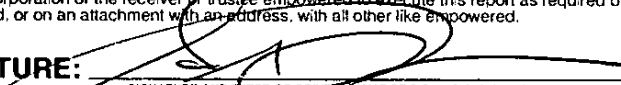


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90175 004 ***150.00

DOCUMENT # P02000034331 1. Entity Name ALISON D. FREE, P.A.					
Principal Place of Business 2326 DELPRADO BLVD CAPE CORAL, FL 33990			Mailing Address 5334 MIKADO COURT CAPE CORAL, FL 33904		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 5924 Tarpon Garden Cir. Suite, Apt. #, etc. 202 City & State CAPE CORAL, FL Zip 33914 Country USA			
4. FEI Number 30-0062689		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 FREE, ALISON D 5334 MIKADO COURT CAPE CORAL, FL 33904			7. Name and Address of New Registered Agent Name FREE, ALISON D. Street Address (P.O. Box Number is Not Acceptable) 5924 Tarpon Garden Circle #202 City Cape Coral FL Zip Code 33914		
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  DATE 4/8/05 <small>Signature, hand or printed name of registered agent and fee (see instructions) (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT FREE, ALISON D 5334 MIKADO COURT CAPE CORAL, FL 33904	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V FREE, JEFFREY A 5334 MIKADO COURT CAPE CORAL, FL 33904	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S CORCORAN, KACIE R 5334 MIKADO COURT CAPE CORAL, FL 33904	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Delete			
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  DATE 4/8/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day/Mo/Yr Phone #</small>		

50035747



04052005 Chg-P CR2E034 (10/03)