

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2006 8:00 am
Secretary of State

03-10-2006 90009 033 ***150.00

DOCUMENT # P02000036667

1. Entity Name
FREEMAN PLUMBING, INC.



Principal Place of Business
**664 NE 297 AVE
CROSS CITY, FL 32628**

Mailing Address
**PO BOX 1789
CROSS CITY, FL 32628**

DO NOT WRITE IN THIS SPACE

02062006 No Chg-P CR2E034 (11/05)

4. FEI Number
03-0445994

Applied For
Not Applicable

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

8. Name and Address of Current Registered Agent

**FREEMAN, WALTER D
664 NE 297 AVE
CROSS CITY, FL 32628**

**DO NOT WRITE
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 \$150.00
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
**D
FREEMAN, WALTER
664 NE 297 AVE
CROSS CITY, FL 32628**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**OFFICER (SECRETARY)
DARLENE H. FREEMAN
664 NE 297 AVE
CROSS CITY, FLORIDA 32628**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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: Walter D. Freeman **WALTER D. FREEMAN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-06 352-210-0062
Date Daytime Phone #