

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000036667

**Entity Name:** FREEMAN PLUMBING, INC.

**FILED**  
**Mar 02, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

664 NE 297 AVE  
CROSS CITY, FL 32628

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1789  
CROSS CITY, FL 32628

**New Mailing Address:**

**FEI Number:** 03-0445994

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: FREEMAN, WALTER D  
Address: 664 NE 297 AVE  
City-St-Zip: CROSS CITY, FL 32628

Title: S  
Name: FREEMAN, DARLENE H  
Address: 664 NE 297 AVE  
City-St-Zip: CROSS CITY, FL 32628

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WALTER D. FREEMAN

D

03/02/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date