

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P020004608</b> 1. Entity Name DEFENDANT AND PROPER MANAGEMENT, INC.	
Principal Place of Business 2017 PATTERSON AVE KEY WEST, FL 33040	Mailing Address 2017 PATTERSON AVE KEY WEST, FL 33040
<p><b>DO NOT WRITE IN THIS SPACE</b></p>	



07112004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

HUGHES, ERICA N  
 500 FLEMING ST  
 KEY WEST, FL 33040

**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: *Erica Hughes* DATE: \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

U00000171625  
 09/03/04-80004-015 558.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FREEMAN, CHARLES E 2627 PATTERSON AVE KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FREEMAN, CHARLES E JR 2617 PATTERSON AVE KEY WEST, FL 33040
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 exemption stated in Section 119.07(3)(f), 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: *Charles E. Freeman Sr.* **CHARLES E. FREEMAN SR.** Date: *Aug 25, 2004* Daytime Phone #: *481-3563*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR