

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90057 025 ***150.00

DOCUMENT # P03000027163

1. Entity Name

FREDLETY, INC.



Principal Place of Business

12399 EAGLES CLAW LANE
JACKSONVILLE FL 32225

Mailing Address

12399 EAGLES CLAW LANE
JACKSONVILLE FL 32225

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

4. FEI Number

582672543

TAX ID #

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, FREDERICK
12399 EAGLES CLAW LANE
JACKSONVILLE FL 32225

correct

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Frederick M. Johnson

2/1/04

Signature, typed or printed name of registered agent and fee 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: **CEO**
NAME: **FREDERICK M. JOHNSON**
STREET ADDRESS: **12399 EAGLES CLAW LANE**
CITY-ST-ZIP: **JACKSONVILLE, FL 32225**

☐ Delete

TITLE: **DIRECTOR**
NAME: **LETICIA I. JOHNSON**
STREET ADDRESS: **12399 EAGLES CLAW LANE**
CITY-ST-ZIP: **JACKSONVILLE, FL 32225**

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TITLE: _____
NAME: _____
STREET ADDRESS: _____
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

☐ Change ☐ Addition

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NAME: _____
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☐ Change ☐ Addition

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:

Frederick M. Johnson

2/1/04

904-220-5240

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #