

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000027163

1. Entity Name
FREDLEY, INC.



Principal Place of Business

**12399 EAGLES CLAW LANE
JACKSONVILLE, FL 32225**

Mailing Address

**12399 EAGLES CLAW LANE
JACKSONVILLE, FL 32225**

DO NOT WRITE IN THIS SPACE



02122006 No Chg-P CR2E034 (11/05)

4. FEI Number
58-2672543

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**

**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

Frederick M. Johnson

Signature, typed or printed name of registered agent, include if applicable

(NOTE: Registered Agent signature required when resigning)

2/13/06
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00**

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
**CEO
JOHNSON, FREDERICK M
12399 EAGLES CLAW LANE
JACKSONVILLE, FL 32225**

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**DO NOT WRITE
IN THIS SPACE**

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02/24/06-80031-010 150.00

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:

Frederick M. Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/06
Date

904 220 5240
Daytime Phone if