


2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000029236
 1. Entity Name
 FREEHOLD PROPERTIES, INC.



Principal Place of Business: 11140 - 7TH STREET EAST, TREASURE ISLAND, FL 33706
 Mailing Address: PO BOX 48668, SAINT PETERSBURG, FL 33743-8668 US

DO NOT WRITE IN THIS SPACE



04282005 No Chg-P CR2E034 (10/03)
 4. FEI Number: 20-0033873 Applied For: Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 DOLAN, MARK R ESQ.
 412 EAST MADISON
 SUITE 1000
 TAMPA, FL 33602

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00
 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MARSHLACK, DAVID G
STREET ADDRESS	412 EAST MADISON, SUITE 1000
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	

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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 a other like empowered.
 SIGNATURE:  DATE:  DAYTIME PHONE #: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR