

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90302 033 ***150.00

DOCUMENT # P03000138399 1. Entity Name FREEMAN STUCCO INC					
Principal Place of Business 2249 HONTOON ROAD DELAND, FL 32720			Mailing Address 2249 HONTOON ROAD DELAND, FL 32720		
2. Principal Place of Business 2656 Magnolia Ave Suite, Apt. #, etc.		3. Mailing Address 2249 Hontoon Road Suite, Apt. #, etc.			
City & State Sanford, Florida		City & State DeLand, Florida		4. FEI Number 56-2420103	
Zip 32771	Country Seminole	Zip 32720	Country Volusia	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FREEMAN, KEITH 2249 HONTOON ROAD DELAND, FL 32720				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FREEMAN, KEITH 2249 HONTOON ROAD DELAND, FL 32720	<input type="checkbox"/> Delete			
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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)(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:		04/21/05 (386) 561-7412			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

50043468



01072005 Chg-P CR2E034 (10/03)

Applied For
Not Applicable