2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000155331

Entity Name: FREEMAN FLOORING, INC.

FREEMAN, LORNE W

1672 SW VICTOR LN

PORT SAINT LUCIE, FL 34984 US

Name:

Address:

City-St-Zip:

FILED Apr 30, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1672 SW VICTOR LN PORT SAINT LUCIE, FL 34984 LIS **Current Mailing Address: New Mailing Address:** 1672 SW VICTOR LN PORT SAINT LUCIE, FL 34984 US FEI Number: 20-0520954 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ACCESS ACCOUNTING INC 432 SW LAKEHURST DR PORT SAINT LUCIE, FL 349832825 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: DIR () Delete Title: () Change () Addition FREEMAN, LORNE W Name: Name: 1672 SW VICTOR LN Address: Address: City-St-Zip: PORT SAINT LUCIE, FL 34984 US City-St-Zip: Title: Title: () Delete () Change () Addition Name: FREEMAN, LORNE W Name: 1672 SW VICTOR LN Address: Address: PORT SAINT LUCIE, FL 34984 US City-St-Zip: City-St-Zip: () Delete Title: Title: SI () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: LORNE W FREEMAN DIR 04/30/2004