2006 FOR PROFIT CORPORATION

APPRUYE AND FILED

06 APR 29 AM 9: 20 SECRETARY OF STATE TALLAHASSEE, FLORIDA

ANN	UAL REPORT	
DOCUMENT # P04000 1. Entity Name FREEMAN NEW & OLD INC.)010241	O6 APR 29 AM S SECRETARY OF S TALLAHASSEE, FI
Principal Place of Business 93 SOUTHERN DRIVE CRAWFORDVILLE, FL 32327	Mailing Address 93 SOUTHERN DRIVE CRAWFORDVILLE, FL 32327	
Principal Place of Business	3. Mailing Address	

Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		04282006	Chg-P	CR2E	034 (11/05	5)		
City & State		City & State	City & State			4. FEI Numb	er			Applied For	
							90-013	5596			Not Applicable
Zip •		Country	Zip Country				5. Certificate of Status Desired See Required \$8.75 Additional Fee Required				
	6. Name	and Address of Current R	egistered Agent				7. Name and	Address of New	Registered	Agent	
FREEMAN, EUGENE L 79 SOUTHERN DRIVE CRAWFORDVILLE, FL 32327					Name Street Address (P.O. Box Number is Not Acceptable)						
CIVAVIO	YDVILLE,	TL 32327									
					City FL Zip Code						
9 Tho oboug	named antit	y submits this statement for	the nurness of changing its	ragiotar	od office or	r raniatar	ad agent or ha	th in the Ctote of E			
	ions of regis		me harbose or changing its	registeri	ea onice or	register	ed agent, or bo	in, in the state of F	nonua. Fan	riamiliar wi	п, апо ассері
SIGNATURE_	Signature typed	d or printed name of registered agent an	d title it applicable (NOT	F: Begistere	d Anent signet	ure raquired	when reinstating)		DATE		
			, (10)		a rigani aignai	0.0.000.00	and in the same of		5		
		FEE IS \$150.00 6 Fee will be \$550.00	9. Election Campa Trust Fund Conf	-	ncing 🔲		00 May Be ed to Fees				
10.	OFFICERS AND DIRECTORS 11.					ADDITIONS/	CHANGES TO OF	FICERS AN	ID DIRECTO	RS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	93 SOUT	N, LONNIE HERN DRIVE DRDVILLE, FL 32327	☐ Delete		-					☐ Change	e Addition
TITLE	VP	71.DVIELE, 1 E 32321	☐ Delete	TITLE						☐ Change	e Addition
NAME	KEOPHO	XPY, SUNNY		NAM	E		شه ود			~.~.	
STREET ADDRESS	l .	HERN DRIVE			ET ADDRESS		<u>41</u>		jäŸ.	2U4	2.00
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CITY-ST-ZIP				CITY	-ST-ZIP						

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:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date