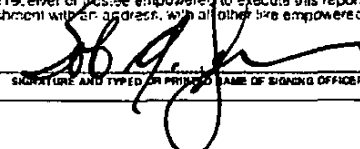


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2005 8:00 am
Secretary of State

04-21-2005 90233 033 ***150.00

DOCUMENT # P04000078701					
1. Entity Name BOB G. FREEMON, P.A.					
Principal Place of Business 1611 WEST PLATT ST TAMPA, FL 33606			Mailing Address 1611 WEST PLATT ST TAMPA, FL 33606		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-1136022	
5. Name and Address of Current Registered Agent FREEMON, BOB G 1611 WEST PLATT STREET TAMPA, FL 33606				7. Name and Address of New Registered Agent	
Name				Applied For	
Street Address (P.O. Box Number is Not Acceptable)				Not Applicable	
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 Signature typed or printed name of registered agent and the filer NOTE: Registered Agent signature required when renewing DATE					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	☐ Delete	TITLE	☒ Change ☐ Addition	
NAME	FREEMON, BOB G		NAME		
STREET ADDRESS	1907 WEST KENNEDY BOULEVARD		STREET ADDRESS	1611 West Platt Street	
CITY-STATE-ZIP	TAMPA, FL 33606		CITY-STATE-ZIP	Tampa, Florida 33606	
TITLE	S. T	☐ Delete	TITLE	☒ Change ☐ Addition	
NAME	FREEMON, SUSAN H		NAME		
STREET ADDRESS	1907 WEST KENNEDY BOULEVARD		STREET ADDRESS	1611 West Platt Street	
CITY-STATE-ZIP	TAMPA, FL 33606		CITY-STATE-ZIP	Tampa, Florida 33606	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(b), Florida Statutes. I further certify that the information indicated on this report or supplementary 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 fire empowered.					
SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Expiration Period					

66017632



04192005 Chg-P CR2E034 (10/03)