

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90081 012 \*\*\*150.00

**DOCUMENT # P04000094122**



1. Entity Name  
**BECKY FREED, P.A.**

Principal Place of Business  
**22 SOUTH LINKS AVE., STE 300  
SARASOTA, FL 34236**

Mailing Address  
**22 SOUTH LINKS AVE., STE 300  
SARASOTA, FL 34236**

2. Principal Place of Business  
**Dunlap & Moran, P.A.**  
Suite, Apt. #, etc.  
**1990 Main Street, Ste. 700**

3. Mailing Address  
**Dunlap & Moran, P.A.**  
Suite, Apt. #, etc.  
**PO Box 3948**

City & State  
**Sarasota, FL**

City & State  
**Sarasota, FL**

03182005 Chg-P CR2E034 (10/03)

Zip  
**34236**

Country  
**Sarasota**

Zip  
**34230**

Country  
**Sarasota**

4. FEI Number  
**32-0121600**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**LUZIER, THOMAS B ESQ.  
22 SOUTH LINKS AVE., STE 300  
SARASOTA, FL 34236**

**7. Name and Address of New Registered Agent**

Name  
**Luzier, Thomas B. Esq.**  
Street Address (P.O. Box Number is Not Acceptable)  
**Dunlap & Moran, P.A.**  
**1990 Main Street, Suite 700**  
City  
**Sarasota** **FL** Zip Code  
**34236**

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 title if applicable.

(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. ☐ **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition  
**P & S  
Rebecca Kay Freed  
95 Sandy Hook Road  
Sarasota, FL 34242**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition  
**VP & T  
Leslie Alan Freed  
95 Sandy Hook Road  
Sarasota, FL 34242**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:** *Rebecca Kay Freed* **Rebecca Kay Freed**

**3-28-05 941-362-1757**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #