2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P05000118241

1. Entity Name
CAROL ANN FREEHAFER, P.A.

Principal Place of Business	Mailing Address
1839 COMMODORE POINT DRIVE	P.O. BOX 9527
ORANGE PARK, FL 32003	FLEMING ISLAND, FL 32006

DO NOT WRITE IN THIS SPACE

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04082008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
33-1123829	Not Applicable

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

6. Name and Address of Current Registered Agent

FREEHAFER, CAROL ANN
1839 COMMODORE POINT DRIVE
ORANGE PARK, FL 32003

DO NOT WRITE IN THIS SPACE

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, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	FREEHAFER, CAROL ANN
STREET ADDRESS	1839 COMMODORE POINT DRIVE
CITY-ST-ZIP	ORANGE PARK, FL 32003

TITLE	
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04/22/09-80087-008 158.75

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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: _____ Carol Ann Freehafer, Director   04-08-2008   (904)   -
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #