2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000039260

Entity Name: FREEMAN SERVICES INCORPORATED

FILED Jul 16, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

602 MCKENZIE ROAD 411 S EUCLID AVENUE LAKE HELEN, FL 32744 LAKE HELEN, FL 32744

Current Mailing Address: New Mailing Address:

602 MCKENZIE ROAD 411 S EUCLID AVENUE LAKE HELEN, FL 32744 LAKE HELEN, FL 32744

FEI Number: 20-8789780 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:

FREEMAN, WILLIAM G
602 MCKENZIE ROAD
411 S EUCLID AVENUE
LAKE HELEN, FL 32744 US
LAKE HELEN, FL 32744 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: 07/16/2008

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition
Name: FREEMAN, WILLIAM G
Address: 602 MCKENZIE ROAD Address: 411 S EUCLID AVENUE

602 MCKENZIE ROAD Address: 411 S EUCLID AVENUE LAKE HELEN, FL 32744 City-St-Zip: LAKE HELEN, FL 32744

Title: D () Delete Title: D (X) Change () Addition

 Name:
 FREEMAN, SANDRA
 Name:
 FREEMAN, SANDRA

 Address:
 602 MCKENZIE ROAD
 Address:
 411 S EUCLID AVENUE

 City-St-Zip:
 LAKE HELEN, FL 32744
 City-St-Zip:
 LAKE HELEN, FL 32744

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: BENITA EARL ACCT 07/16/2008

Electronic Signature of Signing Officer or Director

Date