

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000085305

FILED  
Aug 29, 2009  
Secretary of State

Entity Name: FREEDOM COMPLETE PROPERTY MAINTENANCE, INC.

## Current Principal Place of Business:

6197 FULLER DRIVE  
BOKEELIA, FL 33922

## New Principal Place of Business:

## Current Mailing Address:

6197 FULLER DRIVE  
BOKEELIA, FL 33922

## New Mailing Address:

FEI Number: 80-0261657

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

ARIAS, LESLIE  
6197 FULLER DRIVE  
BOKEELIA, FL 33922 US

## Name and Address of New Registered Agent:

HERNANDEZ, OMAIDA  
6197 FULLER DRIVE  
BOKEELIA, FL 33922 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: OMAIDA HERNANDEZ

08/29/2009

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:

Title: P ( ) Delete  
Name: ARIAS, LESLIE  
Address: 6197 FULLER DRIVE  
City-St-Zip: BOKEELIA, FL 33922

Title: V ( ) Delete  
Name: ARIAS, JOEL  
Address: 6197 FULLER DRIVE  
City-St-Zip: BOKEELIA, FL 33922

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: HERNANDEZ, OMAIDA  
Address: 6197 FULLER DRIVE  
City-St-Zip: BOKEELIA, FL 33922

Title: VP (X) Change ( ) Addition  
Name: ARIAS, LESLIE  
Address: 6197 FULLER DRIVE  
City-St-Zip: BOKEELIA, FL 33922

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: LESLIE ARIAS

VP

08/29/2009

Electronic Signature of Signing Officer or Director

Date