

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000058430

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Entity Name:** FREEMAN SUPPORT CARE SERVICE CORP

**Current Principal Place of Business:**

9731 TOM FOLSOM RD  
THONOTOSASSA, FL 33592

**New Principal Place of Business:**

**Current Mailing Address:**

9731 TOM FOLSOM RD  
THONOTOSASSA, FL 33592

**New Mailing Address:**

P.O. BOX 1054  
THONOTOSASSA, FL 33592

**FEI Number:** 27-3077906

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FREEMAN, JACOLE  
9731 TOM FOLSOM RD  
THONOTOSASSA, FL 33592 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: FREEMAN, JACOLE  
Address: 9731 TOM FOLSOM RD  
City-St-Zip: THONOTOSASSA, FL 33592

Title: VP  
Name: FREEMAN, JOHNINA  
Address: 9731 TOM FOLSOM RD  
City-St-Zip: THONOTOSASSA, FL 33592

Title: SECR  
Name: MOORE, KATHERNELL  
Address: 9731 TOM FOLSOM RD  
City-St-Zip: THONOTOSASSA, FL 33592

I hereby 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 all other like empowered.

SIGNATURE: JACOLE FREEMAN

OFF

04/27/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date