

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000058430

FILED
Apr 10, 2012
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:

P.O. BOX 1054
THONOTOSASSA, FL 33592

New Mailing Address:

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

Title: ADMN
Name: FREEMAN, JAMILA
Address: P.O. BOX 914
City-St-Zip: THONOTOSASSA, FL 33592

Title: ADMN
Name: OWENS, KAREN
Address: 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

RA

04/10/2012

Electronic Signature of Signing Officer or Director

_____ Date