

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 10, 2005 8:00 am**  
**Secretary of State**

02-10-2005 90045 014 \*\*\*150.00

DOCUMENT # P14235

1. Entity Name  
FREEPORT, INC.



Principal Place of Business  
P O BOX 899  
DOVER, DE 19903

Mailing Address  
4060 BARRANCAS AVE.  
PENSACOLA, FL 32507

40016138



02072005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2787372	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**6. Name and Address of Current Registered Agent**

HARRISON, CAROL B  
4060 BARRANCAS AVE  
PENSACOLA, FL 32507

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HESS, M W 4060 BARRANCAS AVENUE PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MAUCH, R.E. 4060 BARRANCAS AVENUE PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD YANCY, JACK B 4060 BARRANCAS AVE PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SOUTHERLAND, L B 4060 BARRANCAS AVE PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRISON, CAROL B 4060 BARRANCAS AVE PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carol B Harrison

2/7/05 850-456-7401

Date

Daytime Phone