

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90068 044 ***150.00

DOCUMENT # P14235	
1. Entity Name FREEPORT, INC.	



40013331



02082007 Chg-P CR2E034 (12/06)

Principal Place of Business P O BOX 899 DOVER, DE 19903	Mailing Address 4060 BARRANCAS AVE. PENSACOLA, FL 32507
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2. Principal Place of Business - No P.O. Box # 3500 S Dupont Hwy		3. Mailing Address	
Suite Apt #, etc		Suite, Apt #, etc	
City & State Dover, DE		City & State	
Zip 19901	Country	Zip	Country

4. FEI Number 59-2787372	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HARRISON, CAROL B 4060 BARRANCAS AVE PENSACOLA, FL 32507	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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	DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST-ZIP	PD <input type="checkbox"/> Delete HESS, M W 4060 BARRANCAS AVENUE PENSACOLA, FL 32507	TITLE NAME STREET ADDRESS CITY ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST-ZIP	VSD <input type="checkbox"/> Delete MAUCH, R.E. 4060 BARRANCAS AVENUE PENSACOLA, FL	TITLE NAME STREET ADDRESS CITY ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST-ZIP	VTD <input type="checkbox"/> Delete YANCY, JACK B 4060 BARRANCAS AVE PENSACOLA, FL 32507	TITLE NAME STREET ADDRESS CITY ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST-ZIP	VD <input type="checkbox"/> Delete SOUTHERLAND, L B 4060 BARRANCAS AVE PENSACOLA, FL 32507	TITLE NAME STREET ADDRESS CITY ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST-ZIP	D <input type="checkbox"/> Delete HARRISON, CAROL B 4060 BARRANCAS AVE PENSACOLA, FL 32507	TITLE NAME STREET ADDRESS CITY ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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	J B Yancey, Treasurer	2/8/07	850-456-7401
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