

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000068980	
1. Entity Name FREEMAN & SUPRAN, P.A.	



Principal Place of Business 315-5TH ST WEST PALM BCH, FL 33401 US	Mailing Address 315-5TH ST WEST PALM BCH, FL 33401 US
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DO NOT WRITE IN THIS SPACE



03212005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0500417	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATE CREATIONS ENTERPRISES INC. 8895 N. MILITARY TR. STE 202D PALM BEACH GARDENS, FL 33418-6266	
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**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	DATE _____ (NOTE: Registered Agent signature required when reinstating)

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FREEMAN, TERRY N 315 5TH ST WEST PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SUPRAN, GEORGE P 315 5TH ST W. PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/20/05-80026-018 150.00

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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)(f), Florida Statutes. I further certify that the information indicated on this report or supplement thereto 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 the name appears in Block 10 or Block 11 if changed, or on an attachment with the address with all other lines numbered	
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date _____ Daytime Phone _____