

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 14, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000079143

1. Entity Name
JULES FREEMAN INVESTMENT CORPORATION



Principal Place of Business
19091 TAMiami TR
FT MYERS, FL 33908 US

Mailing Address
19091 TAMiami TRA
FT MYERS, FL 33908 US



01232004 No Chg-P CR2E034 (10/03)

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4. FEI Number
65-0451263

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FREEMAN, PAUL H
19091 TAMiami TR
SUITE 1406
FT MYERS, FL 33908

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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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

11000000113038
04/14/04-80046-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	FREEMAN, JULES
STREET ADDRESS	7086 FAIRWAY BEND CIR
CITY-ST-ZIP	SARASOTA, FL 34243
TITLE	DVT
NAME	FREEMAN, ALAN C
STREET ADDRESS	19091 TAMiami TRAIL SE
CITY-ST-ZIP	FORT MYERS, FL 33908
TITLE	DVS
NAME	FREEMAN, PAUL H
STREET ADDRESS	19091 TAMiami TR SE
CITY-ST-ZIP	FT MYERS, FL 33908
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Jules Freeman - Jules Freeman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/13/04 Daytime Phone # (941) 355-6333