


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**


FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90092 039 ***150.00

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
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DO NOT WRITE IN THIS SPACE



02102006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0451263	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FREEMAN, PAUL H 19091 TAMiami TR SUITE 1400 FT MYERS, FL 33908	DO NOT WRITE IN THIS SPACE
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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.

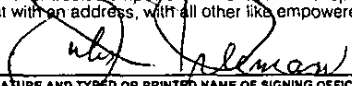
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP FREEMAN, JULES 7086 FAIRWAY BEND CIR 6513 Crown Colony PL SARASOTA, FL 34243 # 102 Naples, FL 34108
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVT FREEMAN, ALAN C 19091 TAMiami TRAIL SE FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS FREEMAN, PAUL H 19091 TAMiami TR SE FT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 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:  **2/1/06** **(239) 591-1830**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #