

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # P94000043063

1. Entity Name
FREEMAN & FREEMAN OF KEY WEST, INC.



Principal Place of Business
513 SOUTHARD ST
KEY WEST, FL 33040

Mailing Address
513 SOUTHARD ST
KEY WEST, FL 33040



01052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0498431

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FREEMAN, DAVID
513 SOUTHARD ST
KEY WEST, FL 33040

**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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000783832
01/16/08-80030-015 158.75

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FREEMAN, ELIZABETH M
STREET ADDRESS	513 SOUTHARD ST
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	D
NAME	FREEMAN, DAVID W
STREET ADDRESS	513 SOUTHARD ST
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 reports 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

1-5-2008

Date

Daytime Phone #

3 052942542

DAVID W FREEMAN CPCU