

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90441 011 ***150.00

DOCUMENT # P96000103558			
1. Entity Name FREELANCE SERVICES, INC.			
Principal Place of Business 13475 N INDIAN RIVER DRIVE SEBASTIAN, FL 32958-3457		Mailing Address 13475 N INDIAN RIVER DRIVE SEBASTIAN, FL 32958-3457	
2. Principal Place of Business 12924 N. Highway A1A		3. Mailing Address 12924 N. Highway A1A	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Vero Beach, Florida		City & State Vero Beach, Florida	
Zip 32963-9419	Country US	Zip 32963-9419	Country US
4. FEI Number 65-0720953		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 BRUNO, JULIET M 13475 N INDIAN RIVER DRIVE SEBASTIAN, FL 32958-3457		7. Name and Address of New Registered Agent Name Juliet M. Bruno Street Address (P.O. Box Number is Not Acceptable) 12924 N. Highway A1A City Vero Beach FL 32963-9419	
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  Juliet M. Bruno President DATE 4/27/05 (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST BRUNO, JULIET M 13475 N INDIAN RIVER DRIVE SEBASTIAN, FL 329583457 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST Juliet M. Bruno 12924 N. Highway A1A Vero Beach, Florida 32963-9419 <input checked="" 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
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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 or without other like empowered.			
SIGNATURE:  Juliet M. Bruno President		Date: 4/27/05 Daytime Phone: 329-581-0560	