## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 15, 2004 08:00 AM Secretary of State

DOCUMENT	#	P98000056479
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Entity Name

FREEMAN GROUP REALTY, INC.

Principal Place of Business 19091 TAMIAMI TRAIL S.E. FT. MYERS, FL 33908

Mailing Address

19091 TAMIAMI TRAIL S.E. FT. MYERS, FL 33908



DO NOT WRITE IN THIS SPACE

01232004 No Chg-P CR2E034 (10/03)

4. FEI Number | Applied For

65-0846329	 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 TRAIL S.E. FT. MYERS, FL 33908

## DO NOT WRITE IN THIS SPACE

			III TING OF AGE		
8. The above the obligat	named entity submits this statement for the clons of registered agent.	ourpose of changing its registered office	or registered agent, or br	oth, in the State of Elorida, $ I  am$ familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and size	if applicable. (NOTE Renistered Apont sk	nature required when raine(s)ing)	DATE	
After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Financing     Trust Fund Contribution.	\$5.00 May Be Added to Fees		
TO.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZPP	PD FREEMAN, ALAN C 19091 TAMIAMI TRAIL S.E. FT. MYERS, FL 33908	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				000000114580 04/15/04-80057-005 150.00	
NTLE NAME STREET ADDRESS CXTY-ST-ZIP			DO	NOT WRITE	
TITLE NAME STREET ADDRESS CSTY-ST-ZIP			IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-DP			· · ·	· · · · · · · · · · · · · · · · · · ·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby of indicated of the cor	ertily that the information supplied with this fi on this report or supplemental report is true a poration or the receiver or trustee empowerer	ling does not qualify for the exemption s and accurate and that my signature sha d to execute this report as required by C	tated in Section 119.07(3) I have the same legal effe hapter 607, Florida Statut	)(i), Florida Statutes, I further certify that the information ct as if made under oath; that I am an officer or director es; 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Dayling Phone #

ALAN C. FREEMAN