


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 21, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000061890</b>	
1. Entity Name <b>BEFREE ENTERPRISES, INC.</b>	

Principal Place of Business <b>435 S RIDGEWOOD AVE STE 201 DAYTONA BEACH, FL 32114 US</b>	Mailing Address <b>435 S RIDGEWOOD AVE STE 201 DAYTONA BEACH, FL 32114 US</b>
--	--

**DO NOT WRITE IN THIS SPACE**



01142005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3582903</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**REYNOLDS, FRANK T  
435 S RIDGEWOOD AVE  
STE 201  
DAYTONA BEACH, FL 32114**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REYNOLDS, FRANKLIN T 435 S RIDGEWOOD AVE STE 201 DAYTONA BEACH, FL 32114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REYNOLDS, MARET D 435 S RIDGEWOOD AVE STE 201 DAYTONA BEACH, FL 32114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**

UD00000187821  
01/24/05-80030-014 150.00

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: Frank Reynolds 1/14/05 386-248-2121

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