


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2006 8:00 am
Secretary of State


02-10-2006 90028 039 ***150.00

DOCUMENT # P99000061890	
1. Entity Name BEFREE ENTERPRISES, INC.	

Principal Place of Business 435 S RIDGEWOOD AVE STE 201 DAYTONA BEACH, FL 32114 US	Mailing Address 435 S RIDGEWOOD AVE STE 201 DAYTONA BEACH, FL 32114 US
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DO NOT WRITE IN THIS SPACE

40012336



02012006 No Chg-P CR2E034 (11/05)

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

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 _____

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	D REYNOLDS, FRANKLIN T 435 S RIDGEWOOD AVE STE 201 DAYTONA BEACH, FL 32114
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**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: Maret Reynolds 2/2/06 386-248-2121

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