

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S55051

FILED  
Jan 03, 2005  
Secretary of State

Entity Name: FREEL & STRINGER FINANCIAL SERVICES, INC.

## Current Principal Place of Business:

13909 N. DALE MABRY  
SUITE 5  
TAMPA, FL 33618

## New Principal Place of Business:

## Current Mailing Address:

13909 N. DALE MABRY  
SUITE 5  
TAMPA, FL 33618

## New Mailing Address:

FEI Number: 59-3068601

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

STRINGER, ROBERT T., JR.  
13909 N. DALE MABRY  
SUITE 5  
TAMPA, FL 33618 US

## Name and Address of New Registered Agent:

STRINGER, ROBERT T  
13909 N. DALE MABRY  
SUITE 5  
TAMPA, FL 33618 US

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.

SIGNATURE: ROBERT T STRINGER

01/03/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: STRINGER, ROBERT T., JR.  
Address: 13909 N. DALE MABRY  
City-St-Zip: TAMPA, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: STRINGER, ROBERT T  
Address: 13909 N. DALE MABRY SUITE 5  
City-St-Zip: TAMPA, FL 33618 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT T STRINGER

PRES

01/03/2005

Electronic Signature of Signing Officer or Director

Date