

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # S76661

1. Entity Name
FREEMOND PLASTICS, INC.

Principal Place of Business

5925 SW 21ST ST
HOLLYWOOD, FL 33023

Mailing Address

5925 SW 21ST ST
HOLLYWOOD, FL 33023

04272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0277013Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FREEMOND, ROBERT
5925 SW 21ST ST
HOLLYWOOD FL 33023DO 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

Signature typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when certifying)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.009. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees000000554235
05/15/06-80083-009 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FREEMOND, ROBERT
STREET ADDRESS	5925 SW 21ST ST
CITY - ST - ZIP	HOLLYWOOD, FL
TITLE	D
NAME	FREEMOND, TERRI
STREET ADDRESS	5925 SW 21ST ST
CITY - ST - ZIP	HOLLYWOOD, FL
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

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:

Robert J. Freemond 4/27/06 (931) 963-7444
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Yr