# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V12185

1. Entity Name
FREEMARR HOMES INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1383 OAKFIELD DR<br>BRANDON, FL  33511    US | 1383 OAKFIELD DR<br>BRANDON, FL  33511    US |

## DO NOT WRITE IN THIS SPACE

01132004    No Chg-P    CR2E034 (10/03)

4. FEI Number
59-3107399

Applied For
Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FREEMAN, JOHN T.
5410 ENDEAVOUR AVE
DOVER, FL  33527

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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 reinstating)     DATE

**FILE NOW!!!  FEE IS $150.00**
**After May 1, 2004 Fee will be $550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| TITLE | DP |
| NAME | FREEMAN, JOHN T. |
| STREET ADDRESS | 5410 ENDEAVOUR AVE |
| CITY-ST-ZIP | DOVER, FL  33527 |

| TITLE | DVP |
| NAME | MARRA, MICHAEL E. |
| STREET ADDRESS | 5410 ENDEAVOUR AVE |
| CITY-ST-ZIP | DOVER, FL  33527 |

| TITLE | DVPS |
| NAME | RIGGINS, ROBERT E |
| STREET ADDRESS | 5410 ENDEAVOUR AVE |
| CITY-ST-ZIP | DOVER, FL  33527 |

| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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01/22/04-80020-010  158.75

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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: _____  JOHN T FREEMAN  1/26/04   813653 0396
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR     Date     Daytime Phone #