## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Mar 18, 2004 8:00 am Secretary of State DOCUMENT # P02000017715 03-18-2004 90019 012 \*\*\*158.75 FREEDOM INTERNATIONAL INC. Principal Place of Business Mailing Address 4424 NAVARRE AVE 4424 NAVARRE AVE SEBRING FL 33872-2108 SEBRING FL 33872-2108 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 01-0608851 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COE, WILLIAM D Street Address (P.O. Box Number is Not Acceptable) 441 14TH AVE. SW NAPLES FL 34102 City Zip Code 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 1 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. VICE PRES. ENGLISH STD TITLE ☐ Delete ENGLISH, REBECCA A NAME NAME 4424 NAVARRE AVE STREET ADDRESS 4424 NAVARREE AVE. STREET ADDRESS SEBRING FL 33872 CITY - ST- 7IP CITY-ST-ZIP SEBNING, FC 33872 Change TITLE ☐ Delete TITLE ☐ Addition wood, III JAMES E. NAME WOOD, III, JAMES E NAME 308 washington Blud 120 TANGERINE RD. NW STREET ADDRESS STREET ADDRESS LAKE PLACID FL 33852 CITY\_ST\_7IP AKE PLACID , FL 33852 CITY-ST-ZIP TITLE Delete TITLE Change Addition 🔲 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME

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

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

FRANK L. ENGLISH 03/14/04 863-471-9888

**FILED**