

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000038852

FILED  
Apr 03, 2004  
Secretary of State

Entity Name: FREEDOM THREADS, INC.

## Current Principal Place of Business:

220 EVERGRENE PKWY  
PALM BCH GARDENS, FL 33410

## New Principal Place of Business:

6390 W. INDIANTOWN ROAD  
SUITE 43  
JUPITER, FL 33458

## Current Mailing Address:

220 EVERGRENE PKWY  
PALM BCH GARDENS, FL 33410

## New Mailing Address:

6390 W. INDIANTOWN ROAD  
SUITE 43  
JUPITER, FL 33458

FEI Number: 14-1883103

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCMULLEN, SCOTT L  
505 S FLAGLER DR STE 1100  
W PALM BCH, FL 33401 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: STOLLERY, SHARON  
Address: 220 EVERGRENE PKWY  
City-St-Zip: PALM BCH GARDENS, FL 33410

Title: DVST ( ) Delete  
Name: KIRCHNER, GEOFFREY D  
Address: 220 EVERGRENE PKWY  
City-St-Zip: PALM BCH GARDENS, FL 33410

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: STOLLERY, SHARON L  
Address: 220 EVERGRENE PKWY  
City-St-Zip: PALM BCH GARDENS, FL 33410

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: SHARON L. STOLLERY

DP

04/03/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date