


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # F01000002381 1. Entity Name FREEDOM OIL COMPANY	
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Principal Place of Business 814 W CHESTNUT ST BLOOMINGTON, IL 61702-3697	Mailing Address PO BOX 3697 BLOOMINGTON, IL 61702-3697
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD OWENS, A. MICHAEL 3 LONDON CT. BLOOMINGTON, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MELCHER, JUDY 48 BROOKSHIRE GREEN BLOOMINGTON, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD OWENS, SUZANNE 106 CAMELOT DRIVE BLOOMINGTON, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: _____ *Suzanne C. Owens* **309-828-7750**

THE SIGNING OFFICER OR DIRECTOR Date Daytime Phone #