

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

1/1

FILED
Feb 14, 2005 8:00 am
Secretary of State

01-18-2005 90028 020 ***150.00

DOCUMENT # F01000002381

1. Entity Name
FREEDOM OIL COMPANY



Principal Place of Business
**814 W CHESTNUT ST
BLOOMINGTON, IL 61702-3697**

Mailing Address
**PO BOX 3697
BLOOMINGTON, IL 61702-3697**

00001310



01102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
37-1408472

Applied For
Not Applicable

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

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**

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, 2005 Fee will be \$550.00**

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

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	
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

352-40-1997 - 2-8-05 - 309-828-7750

Date

Daytime Phone #