

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 08, 2007 08:00 AM**  
**Secretary of State**

**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**



02272007 No Chg-P CR2E034 (11/05)

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**U000000659980  
03/19/07-80007-023 158.75**

**10. OFFICERS AND DIRECTORS**

TITLE	PCD
NAME	OWENS, A. MICHAEL
STREET ADDRESS	3 LONDON CT.
CITY-ST-ZIP	BLOOMINGTON, IL
TITLE	VD
NAME	MELCHER, JUDY
STREET ADDRESS	48 BROOKSHIRE GREEN
CITY-ST-ZIP	BLOOMINGTON, IL
TITLE	STD
NAME	OWENS, SUZANNE
STREET ADDRESS	106 CAMELOT DRIVE
CITY-ST-ZIP	BLOOMINGTON, IL
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 exemptions contained in Chapter 119, 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:** Margaret Brown  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-27-2007  
Date

309-828-7750  
Daytime Phone #