

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 06, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000006051 1. Entity Name AMERICAN FREEDOM ENTERPRISES, INC.	
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Principal Place of Business 3522 53RD W., #110 BRADENTON, FL 34210	Mailing Address 3522 53RD W., #110 BRADENTON, FL 34210
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DO NOT WRITE IN THIS SPACE



05012004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1208014	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MCMAHAN, JOHN R 3216 52ND AVE. DR. W BRADENON, FL 34207

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

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

**1000000157419
05/06/04-80026-002 150.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSVC MCMAHAN, LELA J 3216 52ND AVE., DR. W BRADENTON, FL 34207
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPSC MCMAHAN, JOHN R 3216 52ND AVE., DR. W BRADENTON, FL 34207
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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)(f), 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: *Lela J. McMahon* **4-30-04 518-5502**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #