

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2007 08:00 AM
Secretary of State

DOCUMENT # F06000007054

1. Entity Name
**FREEDOM PROPERTIES OF WEST VIRGINIA,
INCORPORATED**



Principal Place of Business
**144 WILLEY STREET
MORGANTOWN, WV 26505**

Mailing Address
**144 WILLEY STREET
MORGANTOWN, WV 26505**

DO NOT WRITE IN THIS SPACE



03152007 No Chg-P CR2E034 (11/05)

4. FEI Number
55-0746391

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RHOADS, SHARON
6551 CENTRAL AVENUE
ST. PETERSBURG, FL 33710**

**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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CALLEN, STEPHEN J
STREET ADDRESS	144 WILLEY STREET
CITY-ST-ZIP	MORGANTOWN, WV 26505
TITLE	PD
NAME	RACHEL, ANNETTE C
STREET ADDRESS	6551 CENTRAL AVENUE
CITY-ST-ZIP	ST. PETERSBURG, FL 33710
TITLE	D
NAME	RHOADS, SHARON R
STREET ADDRESS	6551 CENTRAL AVENUE
CITY-ST-ZIP	ST. PETERSBURG, FL 33710
TITLE	S
NAME	CALLEN, MICHAEL K
STREET ADDRESS	144 WILLEY STREET
CITY-ST-ZIP	MORGANTOWN, WV 26505
TITLE	T
NAME	SACKETT, RACHEL L
STREET ADDRESS	144 WILLEY STREET
CITY-ST-ZIP	MORGANTOWN, WV 26505
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/29/07-80031-019 150.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-07

Date

304-296-8284

Daytime Phone #