

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # F46861

1. Entity Name

FREEDOM INVESTMENT SYSTEMS, INC.



Principal Place of Business

**2930 S. ORANGE BLOSSOM TRAIL
ORLANDO, FL 32805**

Mailing Address

**2930 S. ORANGE BLOSSOM TRAIL
ORLANDO, FL 32805**

DO NOT WRITE IN THIS SPACE



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number

59-2160042

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BOJARA, DANIEL J
2930 S. ORANGE BLOSSOM TR.
ORLANDO, FL 32805**

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IN THIS SPACE**

7. 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 reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	BOJARA, DANIEL J
STREET ADDRESS	2930 S. ORANGE BLOSSOM
CITY-ST-ZIP	ORLANDO, FL 32805
TITLE	ST
NAME	O'BRIEN, KATHRYNE B
STREET ADDRESS	8124 LASO COURT
CITY-ST-ZIP	ORLANDO, FL 32822
TITLE	VP
NAME	BOJARA, THEODORE J
STREET ADDRESS	2930 S ORANGE BLOSSOM TRAIL
CITY-ST-ZIP	ORLANDO, FL 32805
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/15/04-80007-018 150.00

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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)(b), 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 SIGNER OFFICER OR DIRECTOR

Date

Daytime Phone #

3/10/04