

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F70511

FILED
Jul 05, 2006
Secretary of State

Entity Name: FREEDOM INSURORS, INC.

Current Principal Place of Business:

9874 W. LINEBAUGH AVENUE
TAMPA, FL 33626

New Principal Place of Business:

POST OFFICE BOX 271464
TAMPA, FL 33688 US

Current Mailing Address:

9874 W. LINEBAUGH AVENUE
TAMPA, FL 33626

New Mailing Address:

POST OFFICE BOX 271464
TAMPA, FL 33688 US

FEI Number: 59-2289619

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREEN, MICHAEL D
15511 N FLORIDA AVE STE D
TAMPA, FL 33613 US

Name and Address of New Registered Agent:

CONNLEY, GEORGE W
16216 SIERRA DE AVILA
TAMPA, FL 33613 US

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.

SIGNATURE: GEORGE W. CONNLEY

07/05/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COBB, DAVID G
Address: 9874 W LINEBAUGH AVE
City-St-Zip: TAMPA, FL 33626

Title: C (X) Delete
Name: CONNLEY, GEORGE W
Address: 9874 W. LINEBAUGH AVE
City-St-Zip: TAMPA, FL 33626

Title: CEOS (X) Delete
Name: SIMPSON, DOUGLAS
Address: 9874 W. LINEBAUGH AVE
City-St-Zip: TAMPA, FL 33626

Title: VS (X) Delete
Name: BARNETT, POLLY R
Address: 9874 W. LINEBAUGH AVE
City-St-Zip: TAMPA, FL 33626

Title: VT (X) Delete
Name: MILTON, MRYL
Address: 9874 W. LINEBAUGH AVE
City-St-Zip: TAMPA, FL 33626

Title: T (X) Delete
Name: GREEN, MICHAEL D
Address: 9874 W. LINEBAUGH AVE
City-St-Zip: TAMPA, FL 33626

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: CONNLEY, GEORGE W
Address: 16216 SIERRA DE AVILA
City-St-Zip: TAMPA, FL 33613 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEORGE W. CONNLEY

P

07/05/2006

Electronic Signature of Signing Officer or Director

Date