

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED

Feb 25, 2004 08:00 AM
Secretary of State

DOCUMENT # F86660

1. Entity Name
FREEDOM FORD, INC.



Principal Place of Business
24825 US HIGHWAY 19N
CLEARWATER, FL 33763

Mailing Address
24825 US HIGHWAY 19N
CLEARWATER, FL 33763



02162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2214873

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324

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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

Michael E Mullins

Michael E Mullins

2/20/04

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

000000065574
02/25/04-80044-001 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, B. SCOTT 5401 E INDEPENDENCE BLVD CHARLOTTE, NC 28218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COSS, STEPHEN K 5401 E. INDEPENDENCE BLVD. CHARLOTTE, NC 28212
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT WRIGHT, THEODORE M 5401 E INDEPENDENCE BLVD CHARLOTTE, NC 28218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, O. BRUTON 5401 E. INDEPENDENCE BLVD. CHARLOTTE, NC 28212
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASAT MULLINS, MICHAEL E 21699 U.S. HWY 19 N CLEARWATER, FL 33765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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)(i), 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:

Michael E Mullins

Michael E Mullins

2/20/04

813-429-9450

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #