2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # F86660

1. Entity Name
FREEDOM FORD, INC.

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

DO NOT WRITE IN THIS SPACE

04282006 No Chg-P CR2E034 (11/05)

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

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

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05/16/06-80020-025 150.00

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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: _____ 4/28/06 727-793-627
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #