2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H35364

1. Entity Name

FREEDOM INDUSTRIES, INC.



FILED Jan 10, 2008 08:00 AN Secretary of State

Principal Place of Business

600 S ORLANDO AVENUE

SUITE 301

MAITLAND, FL 32751 US

Mailing Address

600 S ORLANDO AVENUE

SUITE 301

MAITLAND, FL 32751 US



CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For S9-2537761 Not Applied For Not Applied For Status Desired S8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WEST, PAUL S 600 S ORLANDO AVENUE SUITE 301 MAITLAND, FL 32751

DO NOT WRITE IN THIS SPACE

No Chg-P

MAITLAND, FL 32751			IN THIS SPACE		
	named entity submits this statement for the plions of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title r	† applicable. {NOTE: Registered	Agent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPC WEST, PAUL S 2982 HARBOUR LANDING WAY CASSELBERRY, FL 32707				·
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST WEST, ANNE M 2982 HARBOUR LANDING WAY CASSELBERRY, FL 32707				000000777979 01/10/08-80029-013 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			į		

12. Thereby 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 professed and courate 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 received 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 affactment with an address with all other like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

INATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

108 331-751