2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # L18184  1. Entity Name				Secretary of State	
FREEDON	AUTO, INC.				
Principal Place of Business 13300 95TH STREET NORTH LARGO FL 33773		Mailing Address  ANTON SLOBODA 12115 RHONDA TERR SEMINOLE FL 33772			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1st MOORE CR2E034 (10/05)
City & State		City & State			4. FEI Number 59-2970361 Applied For Not Applied For
Zip	Country	Zip	Coun	try	5. Certificate of Status Desired
	6. Name and Address of Currer	t Registered Agent		Name	7. Name and Address of New Registered Agent
133	DBODA, ANTON 00 95TH STREET NORTH IGO FL 33773		-		P.O. Box Number is Not Acceptable)
				City	FL Zip Code
The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent.					
SIGNATURE	Signature, typed or posted name of registered age	TON) eldscalage is all the in	E Registero	d Agent signature required	when reinstating) DATE
After	ILE NOW!!! FEE IS \$150.00 May 1, 2006 Fee Will Be \$550.0 k Payable to Florida Department				9. Election Campaign Financing \$5.00 May D. Trust Fund Contribution.  Added to Fees
10.	the second of	D DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES SLOBODA, ANTON 12115 RHONDA TERR SEMINOLE FL	☐ Delete	5	1	☐ Change ☐ AA(iiii).
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLOBODA, ROBERT 12115 RHONDA TERR SEMINOLE FL	☐ Delete		- 1	U00000548549 05/12/06-80067-014 150.00
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TITLE NAME STREET ADDRESS CHY-ST-ZIP		☐ Delete	1		☐ Change ☐ AASSIL
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP		☐ Celete	- 1	}	☐ Change ☐ A.A.C.
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete		5	☐ Change ☐ Adim
indicated of the co	certify that the information supplied on this report or supplemental report or proprehensial report or trustee e.ed, or on an attachment with an additional or the supplement with a su	t is true and accurate and that mpowered to execute this repo	my signa ort as rec	exemptions contains ature shall have the juired by Chapter 6	ed in Section 119, Florida Statutes. I further certify that the information same legal effect as if made under oath, that I am an officer or director 07, Florida Statutes; and that my name appears in Block 10 or Block 11

SIGNATURE: Onton Clobale Arter Stobodg 425.06 727 58/899