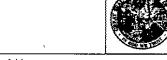
2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jul 12, 2004 08:00 AM - Secretary of State

	AIIIIOAL	 	
DOCUMENT #	N19113		
Entity Name			
TIME FOR FREEDO	M. INC.		



Principal Place of Business 2003 N.W. 8TH ROAD OCALA, FL 34470 US

Mailing Address
P.O. BOX 819
OCALA EL 24479 O

OCALA, FL 34478-0819 US



07012004 No Chg-NP

CR2E037 (10/03)

4.	FE! Number
	59-2771223

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO	NOT	WRITE	IN	THIS	SPACE

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

6. Name and Address of Current Registered Agent

DECASTRO, BERNIE 50 N.E. 35TH STREET OCALA, FL. 34479

SIGNATURE:

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the plans of registered agent.	urpose of changing its registere	d office or re	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept		
SIGNATURE.	Bethic DeCast. Signature, typed or printed name at registered agent and title			considered when colontalized	7=6-04		
	Signature, typed or printed name all registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE						
Đ	Filing Fee is \$61.25 ue by September 8, 2004	 Election Campaign Finant Trust Fund Contribution. 	oing 📙	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS					
title Name Street Address City-St-Zip	V GLENN, JOHN 2500 S. KANNER HWY., SUITE 3 STUART, FL 34994				000000165361 07/12/04-88018-023 70.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS CURINGTON, DAN 2652 N.E. 24TH STREET OCALA, FL 34470						
title Name Street Address Caty-St-Zip	PD DECASTRO, BERNIE 50 N.E. 35TH STREET OCALA, FL 34479			DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE		
TITLE NAME STREET AODRESS CITY-ST-ZIP					_		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I Turther 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 617, 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.							