


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 24, 2006 8:00 am**  
**Secretary of State**

01-24-2006 90019 001 \*\*\*211.25

<b>DOCUMENT # N49362</b> 1. Entity Name FREEDOM 2000 FOUNDATION, INC.	
---	---

Principal Place of Business 1321 N VALRICO RD VALRICO, FL 33594	Mailing Address 13430 HOBSON SIMMONS ROAD LITHIA, FL 33547
---	--

66000293



01042006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3135348	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

HOLMBERG, DOUGLAS A.  
1321 N VALRICO RD  
VALRICO, FL 33594

**DO NOT WRITE 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

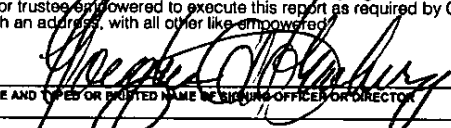
**Filing Fee is \$61.25**  
**Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRAIG, KEITH 9769 FOX CHAPEL RD TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCP HOLMBERG, DOUGLAS A. 1321 N VALRICO RD VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST HOLMBERG, GREGORY J 1321 N VALRICO ROAD VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORRIS, TIMOTHY R 308 BELLE VIEW AVE TEMPLE TERRACE, FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 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.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/06 813-689-3601  
Date Daytime Phone #