

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

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

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

**DOCUMENT # N49362**

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 ☐ **\$8.75 Additional  
Fee Required**

6. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**813-689-3601**  
Daytime Phone #