


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000016911 1. Entity Name FREEPORT NETWORK, INC.	
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Principal Place of Business 1272 HARBOR ROAD GREEN COVE SPRINGS, FL 32043	Mailing Address POST OFFICE BOX 302 GREEN COVE SPRINGS, FL 32043
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent PHILLIPS, ALAN J 5947 EARLY HARVEST COURT ORANGE PARK, FL 32073

04092004 No Chg-P CR2E034 (10/03)

4. FEI Number 01-0553563	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PHILLIPS, ALAN J 5947 EARLY HARVEST COURT ORANGE PARK, FL 32003
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04/12/04-80031-002 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, 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: Alan J. Phillips **4-9-04** **904-284-0284**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #