2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2004
Secretary of State

DOCUMENT# P00000068407

Entity Name: M. FREEMAN INTERNATIONAL, INC.

Current Principal Place of Business:

5641 S.E. 35TH STREET
OCALA, FL 34471

New Principal Place of Business:

5641 S.E. 35TH STREET
OCALA, FL 34471 93

Current Mailing Address:

5641 S.E. 35TH STREET
OCALA, FL 34471

New Mailing Address:

5641 S.E. 35TH STREET
OCALA, FL 34471 93

FEI Number: 59-3667020 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FREEMAN, MELINDA
5641 S.E. 35TH STREET
OCALA, FL 34471

Name and Address of New Registered Agent:

FREEMAN, MELINDA
5641 S.E. 35TH STREET
OCALA, FL 34471 93

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.

SIGNATURE: MELINDA FREEMAN 01/11/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: FREEMAN, MELINDA
Address: 5641 S.E. 35TH STREET
City-St-Zip: OCALA, FL 34471

Title: DVP ( ) Delete
Name: MORGANELLI, KATHRYN
Address: 947 TORCHWOOD DRIVE
City-St-Zip: DELAND, FL 32724

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: FREEMAN, MELINDA
Address: 5641 S.E. 35TH STREET
City-St-Zip: OCALA, FL 34471 93

Title: DVP (X) Change ( ) Addition
Name: MORGANELLI, KATHRYN
Address: OLD POND RD
City-St-Zip: DELAND, FL 32724

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MELINDA FREEMAN PRES 01/11/2004
Electronic Signature of Signing Officer or Director Date