


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000019342

1. Entity Name
FREEDOM RANCH, INC.



Principal Place of Business
**719 HIGHWAY 98 NORTH
 OKEECHOBEE, FL 34972**

Mailing Address
**719 HIGHWAY 98 NORTH
 OKEECHOBEE, FL 34972**

DO NOT WRITE IN THIS SPACE



01242005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1079395	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SWEATT, GEORGE L JR.
 719 HIGHWAY 98 NORTH
 OKEECHOBEE, FL 34972**

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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, 2005 Fee will be \$550.00**

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	PD SWEATT, GEORGE L JR. 719 HIGHWAY 98 NORTH OKEECHOBEE, FL 34972
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SWEATT, DOROTHY J 719 HIGHWAY 98 NORTH OKEECHOBEE, FL 34972
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GLENN, JOHN C 719 HIGHWAY 98 NORTH OKEECHOBEE, FL 34972
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GLENN, SANDI 719 HIGHWAY 98 NORTH OKEECHOBEE, FL 34972
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/28/05-80070-016 150.00

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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: _____ DATE: **1/25/05** DAYTIME PHONE #: **863-763-1040**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR