

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90048 044 ***150.00

DOCUMENT # P02000042112	
1. Entity Name WARNER'S FREEDOM PROPERTIES INC.	

Principal Place of Business 2199 WATERSIDE DR CLEARWATER, FL 33764	Mailing Address 1143 19TH AVE N SAINT PETERSBURG, FL 33704
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2. Principal Place of Business 1143 19th Ave North	3. Mailing Address 1143 19th Ave North
Suite, Apt. #, etc.	Suite, Apt. #, etc.

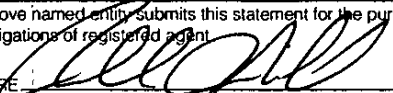
City & State St. Petersburg, FL	City & State St. Petersburg, FL
Zip 33704	Zip 33704
Country USA	Country USA



01032005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent CAAMANO, GOLDY 2199 WATERSIDE DR CLEARWATER, FL 33764		7. Name and Address of New Registered Agent Name Ronald L. McMillan Street Address (P.O. Box Number is Not Acceptable) 1141 19th Avenue North City St. Petersburg FL Zip Code 33704	
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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.

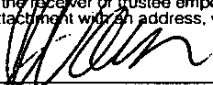
SIGNATURE  **Ronald L. McMillan** DATE **1-3-2005**

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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WARNER, JEFFREY 2199 WATERSIDE DR CLEARWATER, FL 33764 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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:  **Jeffrey W. Warner** DATE **2/3/05** DAYTIME PHONE # **727-895-8787**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR