

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000085273

1. Entity Name

FREEDOM FUNDING, INC.



Principal Place of Business

**2493 GINNY CT.
ORANGE PARK, FL 32065**

Mailing Address

**P.O. BOX 65398
ORANGE PARK, FL 32065**



08042004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

04-3673003

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SPEIGHT, JAMES
1405 PINEWOOD RD.
JACKSONVILLE BCH, FL 32250**

**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

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

**9. Election Campaign Financing
Trust Fund Contribution.**



**\$5.00 May Be
Added to Fees**

**In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.**

10. OFFICERS AND DIRECTORS

**TITLE PD
NAME SPEIGHT, SHERRIE
STREET ADDRESS 2493 GINNY CT.
CITY-ST-ZIP ORANGE PARK, FL 32065**

**TITLE VD
NAME SPEIGHT, JAMES
STREET ADDRESS 1405 PINEWOOD RD.
CITY-ST-ZIP JACKSONVILLE BCH, FL 32250**

**TITLE STD
NAME O'BRIEN, JACQUELINE
STREET ADDRESS 3857 PRITMORE RD., APT. 119
CITY-ST-ZIP JACKSONVILLE BCH, FL 32257**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

U00000169708
08/09/04-80007-023 150.00

**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:

James E. Speight
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug 4, 2004
Date

904 249 8647
Daytime Phone #