

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P02000092062

1. Entity Name  
FREEDOM PETROLEUM, INC.



Principal Place of Business

514 SW 2ND AVE.  
OCALA, FL 34474

Mailing Address

514 SW 2ND AVE.  
OCALA, FL 34474

**FILED**  
**Feb 18, 2004 08:00 AM**  
**Secretary of State**



02162004 No Chg-P CR2E034 (10/03)

4. FEI Number  
42-1547546

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

HOOD, TERREL  
514 SW 2ND AVE.  
OCALA, FL 34474

**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  
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

U00000055920  
02/18/04-80023-020 150.00

10. OFFICERS AND DIRECTORS

|                |                 |
|----------------|-----------------|
| TITLE          | PD              |
| NAME           | HOOD, TERREL    |
| STREET ADDRESS | 514 SW 2ND AVE. |
| CITY-ST-ZIP    | OCALA, FL 34474 |
| TITLE          | VD              |
| NAME           | PAVASIA, JAY    |
| STREET ADDRESS | 514 SW 2ND AVE. |
| CITY-ST-ZIP    | OCALA, FL 34474 |
| TITLE          | VD              |
| NAME           | PAVASIA, RAMESH |
| STREET ADDRESS | 514 SW 2ND AVE. |
| CITY-ST-ZIP    | OCALA, FL 34474 |
| TITLE          | VD              |
| NAME           | BENNETT, DAVID  |
| STREET ADDRESS | 514 SW 2ND AVE. |
| CITY-ST-ZIP    | OCALA, FL 34474 |
| TITLE          |                 |
| NAME           |                 |
| STREET ADDRESS |                 |
| CITY-ST-ZIP    |                 |
| TITLE          |                 |
| NAME           |                 |
| STREET ADDRESS |                 |
| CITY-ST-ZIP    |                 |

**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:

*Terrel S. Hood*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-04

352-732-2660

Date

Daytime Phone #