

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90382 050 ***158.75

DOCUMENT # P03000014229

1. Entity Name
FREEDOM HOME OXYGEN, INC.



Principal Place of Business
11803 DON BURNSED RD
SANDERSON, FL 32087

Mailing Address
11803 DON BURNSED RD
SANDERSON, FL 32087

2. Principal Place of Business
106 E. Macclenny Avenue
Suite, Apt. #, etc.

3. Mailing Address
106 E. Macclenny Avenue
Suite, Apt. #, etc.



04272004 Chg-P CR2E034 (10/03)

City & State
Macclenny, FL

City & State
Macclenny, FL

4. FEI Number
71-0933020

Applied For
Not Applicable

Zip
32063-2120

Country
Baker

Zip
32063-2120

Country
Baker

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

6. Name and Address of Current Registered Agent

BURNSED, DONALD R
11803 DON BURNSED RD
SANDERSON, FL 32087

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 re-registering)

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
BURNSED, DONALD R
11803 DON BURNSED RD
SANDERSON, FL 32087 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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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)(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 line empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-04 (904) 259-9011