


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2004 8:00 am
Secretary of State

05-07-2004 90115 014 ***150.00

DOCUMENT # P03000026825					
1. Entity Name FREEDOM TITLE & ESCROW, CORP.					
Principal Place of Business 12789 FORREST HILL BLVD STE A &B-111 WELLINGTON, FL 33414			Mailing Address 12789 FORREST HILL BLVD STE A &B-111 WELLINGTON, FL 33414		
2. Principal Place of Business 1521 Forest Hill Blvd.		3. Mailing Address 1521 Forest Hill Blvd.			
Suite, Apt. #, etc. Suite #2		Suite, Apt. #, etc. Suite #2			
City & State West Palm Beach, FL		City & State West Palm Beach, FL			
Zip 33406	Country USA	Zip 33406	Country USA	4. FEI Number 33-105-0795	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HENDERSON, KEVIN G 12789 FORREST HILL BLVD STE A &B-111 WELLINGTON, FL 33414			7. Name and Address of New Registered Agent Name Kevin G. Henderson Street Address (P.O. Box Number is Not Acceptable) 1521 Forest Hill Blvd., Suite 2 City West Palm Beach, FL FL Zip Code 33406		
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:  Kevin G. Henderson 2/12/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD HENDERSON, KEVIN G 12789 FORREST HILL BLVD STE A &B-111 WELLINGTON, FL 33414		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Kevin G. Henderson 1521 Forest Hill Blvd., Suite 2 West Palm Beach, FL 33406	
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	
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	
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	
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	
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: 			2/12/04 561-721-0491		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					