2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2008 8:00 am Secretary of State

DOCUMENT # P03000118932 1. Entity Name FREEDOM CLEANING, INC.					05-02-2008 90171 005 ***150.00			
Principal Place of Business Mailing Address			1		40	- -		
1047 11TH AVE NW LARGO, FL 33770		P.O. BOX 1034 PALM HARBOR, FL 34682			-	IDIED IIVI DEIK EDUK ADI	BI 1880 HADI SAKO 1880 NIGO NI	11661 (H.) 4881
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04182008	Chg-P	CR2E034 (12/06)	
City & State		City & State			4. FEI Numbe 86-1084		No	oplied For ot Applicable
Zip	Country	Zìp	Country			of Status Desired	S8.75 Add	
6. Name and Address of Current Registered Agent			- N	lame	7. Name and	Address of New R	legistered Agent	·· - · -
HETZEL, TARA L 634 GREEN VALLEY RD				Street Address (P.O. Box Number is Not Acceptable)				
#G5 PALM HARBOR, FL 34683								
				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 reinstating) DATE								
FILE NOWI!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.								
10.	OFFICERS AN	ID DIRECTORS	11,		ADDITIONS/0	CHANGES TO OFF	ICERS AND DIRECTOR	S IN 11
TITLE			TITLE				Change	☐ Addition
NAME	I		NAME					
STREET ADDRESS CITY-ST-ZIP	1		STREET AD CITY-ST-2	1				
TITLE			TITLE	<u> </u>			☐ Change	☐ Addition
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NAME STREET ADDRESS			NAME STREET AD	nnecee				
CITY-ST-ZIP			STREET AD CITY-ST-Z	I	• .			
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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:

E AND TYPED OR PRINTIPD NAME OF SIGNING OFFICER OR DIRECTOR

4/27/08

727 25-1 585

Daytime Phone #