

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2007 8:00 am**  
**Secretary of State**

02-23-2007 90023 037 \*\*\*150.00

**DOCUMENT # P05000058674**

1. Entity Name  
**FREEDOM FINANCIAL GROUP, INC.**



Principal Place of Business  
**4263 LOSCO RD. #1424  
JACKSONVILLE, FL 32257**

Mailing Address  
**4263 LOSCO RD. #1424  
JACKSONVILLE, FL 32257**

2. Principal Place of Business - No P.O. Box #  
**1456 Summit Oaks Dr. E**

3. Mailing Address  
**1456 Summit Oaks Dr. E**



Suite, Apt. #, etc.

Suite, Apt. #, etc.

02202007

Chg-P

CR2E034 (12/06)

City & State  
**Jacksonville, FL**

City & State  
**Jacksonville, FL**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
☒ Not Applicable

Zip  
**32221**

Country  
**USA**

Zip  
**32221**

Country  
**USA**

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

**6. Name and Address of Current Registered Agent**

**BRASWELL, CAMELA A  
19820 SW 115TH AVENUE  
MIAMI, FL 33157**

**7. Name and Address of New Registered Agent**

Name  
**Camela Braswell**

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

**1456 Summit Oaks Dr. E**

City  
**Jacksonville**

FL

Zip Code  
**32221**

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  
**Camela Braswell**

**Camela Braswell**

**02/20/07**

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, 2007 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  
**P  
BRASWELL, CAMELA A  
PO BOX 565224  
MIAMI, FL 33256** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
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**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**P  
CAMELA BRASWELL  
1456 Summit Oaks Dr. E  
Jacksonville, FL 32221** ☒ Change ☐ Addition

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

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing 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:**

**Camela Braswell**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**02/20/07**

Date

**786.357.2264**

Daytime Phone #