

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90037 036 ***150.00

DOCUMENT # P07000066806

1. Entity Name
FREEDOM HOMEBUILDERS, INC.



4

Principal Place of Business
718 SW PORT ST LUCIE BLVD SUITE 5
PORT ST LUCIE, FL 34953

Mailing Address
718 SW PORT ST LUCIE BLVD SUITE 5
PORT ST LUCIE, FL 34953



04012008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #
718 SW Port St. Lucie Blvd
Suite, Apt. #, etc.
8

3. Mailing Address
718 SW Port St Lucie Blvd
Suite, Apt. #, etc.
8

City & State
Port St Lucie, FL
Zip
34953
Country
St. Lucie

City & State
Port St. Lucie, FL
Zip
34953
Country
St. Lucie

4. FEI Number
41-2247315
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOORE, ALBERT B ESQ
718 SW PORT ST LUCIE BLVD SUITE 5
PORT ST LUCIE, FL 34953

Name
Moore, Albert B
Street Address (P.O. Box Number is Not Acceptable)
718 SW Port St. Lucie Blvd
Suite 8
City
Port St. Lucie FL Zip Code
34953

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

4-15-08

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	DELETE
D	MOORE, ALBERT B	718 SW PORT ST LUCIE BLVD SUITE 5	PORT ST LUCIE, FL 34953	<input type="checkbox"/>
D	BRUHN, JOHN D	718 SW PORT ST LUCIE BLVD SUITE 5	PORT ST LUCIE, FL 34953	<input type="checkbox"/>
D	JONES, WILLIAM B	718 SW PORT ST LUCIE BLVD SUITE 5	PORT ST LUCIE, FL 34953	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
D	moore, Albert B	718 SW Port St Lucie Blvd, Suite 8	Port St Lucie, FL 34953	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	Bruhn, John D	718 SW Port St Lucie Blvd, Suite 8	Port St. Lucie, FL 34953	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	Jones, William B	718 SW Port St. Lucie Blvd, Suite 8	Port St. Lucie, FL, 34953	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	Core, Anthony L	718 SW Port St. Lucie Blvd, Suite 8	Port St. Lucie, FL, 34953	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-08 772-878-8325

Date

Daytime Phone #