

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000045872

Entity Name: FREEDOM OUTDOORS, INC.

FILED  
Jan 17, 2011  
Secretary of State

**Current Principal Place of Business:**

5463 WOODLAWN CEMETARY RD  
MACCLENNY, FL 32063

**New Principal Place of Business:**

**Current Mailing Address:**

5463 WOODLAWN CEMETARY RD  
MACCLENNY, FL 32063

**New Mailing Address:**

FEI Number: 12-8014868

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SMITH, JOEY W  
5975 COPPER CT  
MACCLENNY, FL 32063 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SMITH, JOEY W  
Address: 5463 WOODLAWN CEMETARY RD  
City-St-Zip: MACCLENNY, FL 32063

Title: S  
Name: SMITH, JOEY W  
Address: 5463 WOODLAWN CEMETARY RD  
City-St-Zip: MACCLENNY, FL 32063

Title: T  
Name: SMITH, JONNA L  
Address: 5463 WOODLAWN CEMETARY RD  
City-St-Zip: MACCLENNY, FL 32063

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JONNA L SMITH

T

01/17/2011

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date