

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90276 013 ***150.00

DOCUMENT # P95000049903	
1. Entity Name HEALTH FREEDOM RESOURCES, INC.	

Principal Place of Business 611-D S. MYRTLE AVE. CLEARWATER FL 33756 US	Mailing Address 611-D S. MYRTLE AVE. CLEARWATER, FL 33756 US
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14001738



2. Principal Place of Business		3. Mailing Address	
Suite, Apt., etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04252005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3320703		Applied For ☐ Not Applicable
6. 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	
KNAPMEYER, DONALD C 635 CLEVELAND STREET STE C CLEARWATER, FL 34615		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		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: *Ron Radstrom* **RON RADSTROM** 25 Apr 05
(Signature of agent or printed name of registered agent and title if applicable) (NOTE: Registered Agent Signature required when reappointing) DATE

FILE NOW! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P RADSTROM, RON 1533 LONG STREET CLEARWATER, FL 34615 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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: *Ron Radstrom* **RON RADSTROM** 25 Apr 05 727-443-7711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone