

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90066 007 ***150.00

DOCUMENT # P98000038963

1. Entity Name
FREEDOM GROUP-CALIFORNIA, INC.



Principal Place of Business
**2040 WHITFIELD AVENUE
SARASOTA, FL 34243**

Mailing Address
**2040 WHITFIELD AVENUE
SARASOTA, FL 34243**

DO NOT WRITE IN THIS SPACE



04202007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0836514

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MIDDLEBROOKS, J. HUGH
200 SOUTH ORANGE AVENUE
SARASOTA, FL 34236**

**DO NOT WRITE
IN THIS SPACE**

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 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 PD
NAME ROSKAMP, ROBERT
STREET ADDRESS 2040 WHITFIELD AVENUE
CITY-ST-ZIP SARASOTA, FL 34243

TITLE VPD
NAME CORBETT, JAMES P
STREET ADDRESS 2040 WHITFIELD AVENUE
CITY-ST-ZIP SARASOTA, FL 34243

TITLE STD
NAME ROSKAMP, BRIAN R
STREET ADDRESS 2040 WHITFIELD AVENUE
CITY-ST-ZIP SARASOTA, FL 34243

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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

JAMES CORBETT

4/30/07

Date

941-755-0302

Daytime Phone #