

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 A
Secretary of State

DOCUMENT # P98000038965

1. Entity Name
FREEDOM GROUP-ARIZONA, INC.



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

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



03142006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0837032	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**UD00000556303
05/17/06-80004-008 150.00**

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	

**DO NOT WRITE
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

4/27/06

Date

941-355-0302

Daytime Phone #