

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000102804 1. Entity Name FREEDOM KITCHENS, INC.					
Principal Place of Business 1842 SEGRAVES #D S DAYTONA, FL 32119			Mailing Address 145 BRANDY HILLS DR. PORT ORANGE, FL 32129		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FCI Number 59-3548512	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent GALBA, DAVID SR. 145 BRANDY HILLS DRIVE PORT ORANGE, FL 32129				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE: <i>David Galba</i>				DATE: 3-25-04	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00				9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	P GALBA, DAVID SR. 145 BRANDY HILLS DR. PORT ORANGE, FL 32129	☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	VP GALBA, SUSAN M 145 BRANDY HILLS DR PORT ORANGE, FL 32129	☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	☐ Delete		☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	☐ Delete		☐ 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)(c), Florida Statutes. I further certify that the information included 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 11.4					
SIGNATURE: <i>David Galba</i>					