

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90045 018 ***158.75

DOCUMENT # P98000106689

1. Entity Name
FREEDOM CORNERS CORP., INC.



Principal Place of Business
**8705 PERIMETER PARK BLVD. STE. 8
JACKSONVILLE, FL 32216**

Mailing Address
**8705 PERIMETER PARK BLVD. STE. 8
JACKSONVILLE, FL 32216**

34000033



2. Principal Place of Business
8711 PERIMETER PARK BLVD.

3. Mailing Address
8711 PERIMETER PARK BLVD.

Suite, Apt. #, etc.

SUITE 11

Suite, Apt. #, etc.

SUITE 11

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

04142004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-3548649

Applied For

Not Applicable

Zip
32216

Country
USA

Zip
32216

Country
USA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BARTLETT & HECKIN, P.A.
135 PROFESSIONAL DRIVE ST E101
PONTE VEDRA BEACH, FL 32082**

7. Name and Address of New Registered Agent

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

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **FORT, DONALD C**
STREET ADDRESS **8705 PERIMETER PARK BLVD. STE. 8**
CITY-ST-ZIP **JACKSONVILLE, FL 32216**

TITLE **VPST** ☐ Delete
NAME **TYE, GAIL D**
STREET ADDRESS **8705-8 PERIMETER PARK BLVD**
CITY-ST-ZIP **JACKSONVILLE, FL 32216**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **FORT, DONALD C.**
STREET ADDRESS **8711-11 PERIMETER PARK BLVD.**
CITY-ST-ZIP **JACKSONVILLE, FL 32216**

TITLE **VPST** ☒ Change ☐ Addition
NAME **TYE, GAIL D.**
STREET ADDRESS **8711-11 PERIMETER PARK BLVD.**
CITY-ST-ZIP **JACKSONVILLE, FL 32216**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Gail D. Tye
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/04

Date

(904) 641-0018

Daytime Phone #