



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000081885</b>	
1. Entity Name <b>FREEDOM SHIP INTERNATIONAL, INC.</b>	

Principal Place of Business <b>2534 FRUITTREE DR SARASOTA, FL 34239</b>	Mailing Address <b>P O BOX 5020 SARASOTA, FL 34277</b>
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**DO NOT WRITE IN THIS SPACE**

	
D1272004	No Chg-P
CR2E034 (10/03)	
4. FEI Number <b>59-3596929</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**NIXON, NORMAN  
1802 E. BUSH BLVD.  
TAMPA, FL 33612**

**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	DATE
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U00000036336 02/06/04-80055-007 150.00</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P NIXON, NORMAN L 2534 FRUIT TREE DRIVE SARASOTA, FL 34239</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S FRIES, JOHN 2227 RIVER RIDGE DR SARASOTA, FL 34239</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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: *Norman L. Nixon* NORMAN L. NIXON** **1-27-04** **941-953-4567**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #