

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P99000081885
 1. Entity Name
FREEDOM SHIP INTERNATIONAL, INC.



Principal Place of Business: **2534 FRUITTREE DR SARASOTA, FL 34239**
 Mailing Address: **P O BOX 5020 SARASOTA, FL 34277**

DO NOT WRITE IN THIS SPACE



D1272004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3596929	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
**NIXON, NORMAN
 1802 E. BUSH BLVD.
 TAMPA, FL 33612**

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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: _____ (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

U00000036336
 02/06/04-80055-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	NIXON, NORMAN L
STREET ADDRESS	2534 FRUIT TREE DRIVE
CITY-ST-ZIP	SARASOTA, FL 34239
TITLE	S
NAME	FRIES, JOHN
STREET ADDRESS	2227 RIVER RIDGE DR
CITY-ST-ZIP	SARASOTA, FL 34239
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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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 319.07(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 #