

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000087037

Entity Name: FREEDOM TEAM, INC.

FILED
Jul 10, 2006
Secretary of State

Current Principal Place of Business:

6139 SE 58TH AVE
BELLEVIEW, FL 34420

New Principal Place of Business:

Current Mailing Address:

PO BOX 1028
BELLEVIEW, FL 34421

New Mailing Address:

FEI Number: 59-3599888

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEEKLEY, DEBRA A
2070 SE 50TH TERR.
OCALA, FL 34471 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CHAMBERLIN, RYAN D
Address: 12305 SE 55TH AVE RD
City-St-Zip: BELLEVIEW, FL 34420

Title: D () Delete
Name: WEEKLEY, RANDALL E
Address: 2070 SE 50TH TERRACE
City-St-Zip: OCALA, FL 34471

Title: D () Delete
Name: WEEKLEY, DEBRA A
Address: 2070 SE 50TH TERR.
City-St-Zip: OCALA, FL 34471

Title: D () Delete
Name: CHAMBERLIN, JENNIFER B
Address: 12305 SE 55TH AVE RD
City-St-Zip: BELLEVIEW, FL 34420

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBRA WEEKLEY

D

07/10/2006

Electronic Signature of Signing Officer or Director

Date