

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 08:00 A
Secretary of State

DOCUMENT # P99000087037

1. Entity Name
FREEDOM TEAM, INC.



Principal Place of Business
**6139 SE 58TH AVE
BELLEVUE, FL 34420**

Mailing Address
**PO BOX 1028
BELLEVUE, FL 34421**



04152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3599888** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

**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 _____
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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	O
NAME	CHAMBERLIN, RYAN D
STREET ADDRESS	12305 SE 55TH AVE RD
CITY-ST-ZIP	BELLEVUE, FL 34420
TITLE	O
NAME	WEEKLEY, RANDALL E
STREET ADDRESS	2070 SE 50TH TERRACE
CITY-ST-ZIP	OCALA, FL 34471
TITLE	D
NAME	WEEKLEY, DEBRA A
STREET ADDRESS	2070 SE 50TH TERR.
CITY-ST-ZIP	OCALA, FL 34471
TITLE	D
NAME	CHAMBERLIN, JENNIFER B
STREET ADDRESS	12305 SE 55TH AVE RD
CITY-ST-ZIP	BELLEVUE, FL 34420
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 and empowered.

SIGNATURE: *Debra Weekley*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #