


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000111961	
1. Entity Name FREEDOM IV ENTERPRISES, INC.	

Principal Place of Business 4495-305 ROOSEVELT BLVD. JACKSONVILLE, FL 32210	Mailing Address 4351 GARIBALDI AVENUE JACKSONVILLE, FL 32210
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01102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3636423	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**ROBISON, MARY A
ONE INDEPENDENT DRIVE
SUITE 2600
JACKSONVILLE, FL 32202**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**00000523785
05/03/06-80086-004 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATHIS, BENJAMIN E 4351 GARIBALDI AVENUE JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATHIS, MARY R 4351 GARIBALDI AVENUE JACKSONVILLE, FL 32210
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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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mary R. Mathis **MARY R. MATHIS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/06
Date

Date

Daytime Phone #

904-384-9922