

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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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2. Principal Place of Business - No P.O. Box #	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	
ROBISON, MARY A ONE INDEPENDENT DRIVE SUITE 2600 JACKSONVILLE, FL 32202	

**FILED  
Apr 04, 2008 8:00 am  
Secretary of State**

04-04-2008 90020 039 \*\*\*150.00



01092008 Chg-P CR2E034 (12/06)

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

Name ROBISON, MARY A.	
Street Address (P.O. Box Number is Not Acceptable) 501 RIVERONDE AVENUE	
City SUITE # 600	
City JACKSONVILLE	
FL	Zip Code 32202

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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATHIS, BENJAMIN E 4351 GARIBALDI AVENUE JACKSONVILLE, FL 32210	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATHIS, MARY R 4351 GARIBALDI AVENUE JACKSONVILLE, FL 32210	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowered.

**SIGNATURE:** *Mary L. Mathis* **MARY R. MATHIS** **4/1/08** **904-384-9922**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #