

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S68882

FILED
Jan 15, 2009
Secretary of State

Entity Name: FREEDOM MOBILE HOME SALES, INC.

Current Principal Place of Business:

466 SW DEPUTY J DAVIS LN
LAKE CITY, FL 32024 US

New Principal Place of Business:

Current Mailing Address:

12788 US 90 WEST
LIVE OAK, FL 32060 US

New Mailing Address:

FEI Number: 59-3084660

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRIS, ROBINSON B
582 W DUVAL ST.
LAKE CITY, FL 32055 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: DP () Delete
Name: FRIER, WAYNE,
Address: 12788 US 90 WEST
City-St-Zip: LIVE OAK, FL 32060

Title: DVS () Delete
Name: SMITH, STEVEN L,
Address: 466 SW DEPUTY J DAVIS LN
City-St-Zip: LAKE CITY, FL 32024

Title: DT () Delete
Name: FRIER, TODD D
Address: 12788 US 90 WEST
City-St-Zip: LIVE OAK, FL 32060

Title: () Delete
Name:
Address:
City-St-Zip:

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: D () Change (X) Addition
Name: FRIER, MATTHEW W
Address: 12788 US HWY 90W
City-St-Zip: LIVE OAK, FL 32060

I hereby certify that the information supplied with this filing does not qualify 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: TODD D FRIER

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01/15/2009

Electronic Signature of Signing Officer or Director

Date