2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 15, 2004 8:00 am Secretary of State DOCUMENT # V03570 04-15-2004 90045 006 ***150.00 1. Entity Name FREEDOM AUTO & MARINE, INC. Principal Place of Business Mailing Address 24043695 3481 KUBIN AVENUE PO BOX 156 STUART FL 94997 PORT SALERNO FL 34992 2. Principal Place of Business 3. Mailing Address 2010 N.W. ESTUARY CT. Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State Applied For 4. FEI Number 59-3119693 STUART, FLORIDA Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TAYLOR, P. MILES Street Address (P.O. Box Number is Not Acceptable) 73481 KUBIN AVENUE STUART FL 34997 2010 N.W. ESTUARY COURT STUART 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 ag-P. MILES TAYLOR 4-15.04 (NOTE: Registered Agent signature required when reinstating) typed or printed name direcustered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE D TITLE XI Change ☐ Addition ☐ Delete NAME TAYLOR, P. MILES NAME JOIG N. W. ESTUARY COURT 3481 KUBIN AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STUART FL 34997 CITY-ST-ZIP らてしなれて Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change 7ITEE ☐ Defete TITLE ☐ Addition NAME NAME: STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS City-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

Y WILL WHAT P. MILES TAYLOR SIGNATURE AND TYPED OR FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED