


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 08, 2005 08:00 AM  
Secretary of State

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| <b>DOCUMENT # V03570</b><br>1. Entity Name<br><b>FREEDOM AUTO &amp; MARINE, INC.</b>  |  |   |  |                               |  |
| Principal Place of Business<br><b>2010 NW ESTUARY COURT<br/>STUART FL 34994</b>   |  |   | Mailing Address<br><b>PO BOX 156<br/>PORT SALERNO FL 34992</b>   |  |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.   |  | 3. Mailing Address<br><br>Suite, Apt. #, etc. |  |  |  |
| City & State<br><br>Zip      Country  |  | City & State<br><br>Zip      Country          |  | 4. FEI Number <b>59-3119693</b><br>Applied For<br><input type="checkbox"/> Not Applicable                      |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |   |  | 1st MOORE      CR2E034 (10/04)   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>TAYLOR, P. MILES<br/>2010 NW ESTUARY COURT<br/>STUART FL 34994</b>  |  |   |  |  |  |
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code  |  |   |  |  |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)</small> DATE _____  |  |   |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>   |  |   | 9. Election Campaign Financing <b>\$5.00</b> May Be<br>Trust Fund Contribution. <input type="checkbox"/> Added to Fees |  |  |
| 10. OFFICERS AND DIRECTORS  |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | D<br>TAYLOR, P. MILES<br>2010 NW ESTUARY COURT<br>STUART FL 34994<br><input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | U00000255495<br>03/08/05-80016-018 150.00<br><input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*P. Miles Taylor*      3-4-05      772-622-9874