


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2005 08:00 AM
Secretary of State

DOCUMENT # F86660 1. Entity Name FREEDOM FORD, INC.	
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Principal Place of Business 24825 US HIGHWAY 19N CLEARWATER FL 33763	Mailing Address 24825 US HIGHWAY 19N CLEARWATER FL 33763
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1st MOORE CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address	
Suite, Apt #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip Country

4. FEI Number 59-2214873	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324

7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL 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 _____
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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete SMITH, B. SCOTT
STREET ADDRESS	5401 E INDEPENDENCE BLVD
CITY - ST - ZIP	CHARLOTTE NC 28218
TITLE	S <input type="checkbox"/> Delete COSS, STEPHEN K
STREET ADDRESS	5401 E. INDEPENDENCE BLVD.
CITY - ST - ZIP	CHARLOTTE NC 28212
TITLE	VDT <input type="checkbox"/> Delete WRIGHT, THEODORE M
STREET ADDRESS	5401 E INDEPENDENCE BLVD
CITY - ST - ZIP	CHARLOTTE NC 28218
TITLE	D <input type="checkbox"/> Delete SMITH, O. BRUTON
STREET ADDRESS	5401 E. INDEPENDENCE BLVD.
CITY - ST - ZIP	CHARLOTTE NC 28212
TITLE	ASAT <input type="checkbox"/> Delete MULLINS, MICHAEL E
STREET ADDRESS	21699 U.S. HWY 19 N
CITY - ST - ZIP	CLEARWATER FL 33765
TITLE	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	U00000223795
CITY - ST - ZIP	02/10/05-80059-002 158.75
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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)(f), 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: Michael E Mullins ASAT January 28, 2005 813-299-94
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #