


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # N02000001584 1. Entity Name SET FREE, INC.	
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Principal Place of Business 5423 SW 87TH PLACE OCALA, FL 34476	Mailing Address P.O. BOX 771102 OCALA, FL 34477-1102
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DO NOT WRITE IN THIS SPACE



01082004 No Chg-NP CR2E037 (10/03)

4. FEI Number 02-0608405	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

GIVENS, DON  
5423 SW 87TH PLACE  
OCALA, FL 34476

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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: *Don Givens* DATE: 1/8/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIVENS, DON 5423 SW 87TH PLACE OCALA, FL 34476
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIVENS, JUDY 5423 SW 87TH PLACE OCALA, FL 34476
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEACH, BILL E 6509 NW 21 STREET OCALA, FL 34482
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T POWELL, MIKE 9665 SW 19 AVE RD. OCALA, FL 34476
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WAITE, TOM 8667 D SW 975 OCALA, FL 34481
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000003472  
01/13/04-80058-008 61.25

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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)(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 617, 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: *Don Givens* DATE: 1/8/04 Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR