


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90003 041 ****61.25

DOCUMENT # N96000002110
1. Entity Name
SET FREE IF YOU WANT TO BE, INC.



Principal Place of Business Mailing Address
6922 142ND AVE NORTH POST OFFICE BOX 2068
C/O CTN LARGO FL 33779-2068
LARGO FL 33771 US
US

34011860



MOORE CR2E037 (11/03)

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 **59-3373505** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
D'ANDREA, MARLENE
6922
C/O CTN
LARGO FL 33771

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: *Marlene D'Andrea* **PRESIDENT** *2/11/04*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	D'ANDREA MARLENE	
STREET ADDRESS	6922 142ND AVE NORTH	
CITY-ST-ZIP	LARGO FL 33771	
TITLE	V	<input type="checkbox"/> Delete
NAME	D'ANDREA, ROBERT R.	
STREET ADDRESS	6922 142ND AVE NORTH	
CITY-ST-ZIP	LARGO FL 33771	
TITLE	S	<input type="checkbox"/> Delete
NAME	D'ANDREA, ROBERT, JR	
STREET ADDRESS	8100 ULMERTON ROAD, SUITE 1	
CITY-ST-ZIP	LARGO FL 33771	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMAS, GAIL	
STREET ADDRESS	5533 81ST TERRACE	
CITY-ST-ZIP	PINELLAS PARK FL 33781	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMAS, MIKE	
STREET ADDRESS	5533-81ST TERRACE	
CITY-ST-ZIP	PINELLAS PARK FL 33781	
TITLE	D	<input type="checkbox"/> Delete
NAME	DONOVAN, TERRY	
STREET ADDRESS	8100 ULMERTON ROAD, SUITE 1	
CITY-ST-ZIP	LARGO FL 33771	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VOLANDA MORRIS	
STREET ADDRESS	6840 S. BROADWAY	
CITY-ST-ZIP	CENTENNIAL, CO 80122	
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)(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 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: *Marlene D'Andrea* **MARLENE D'ANDREA** *2/11/04*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # *727-586-3733*