2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 295240

1. Entity Name
CO-FREE INC

FILED
Jul 31, 2008 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
1149 NE 35TH ST PO BOX 1990 OCALA, FL 32678	1149 NE 35TH ST PO BOX 1990 OCALA, FL 32678

DO NOT WRITE IN THIS SPACE

06112008   No Chg-P   CR2E034 (11/05)

4. FEI Number 59-1099096	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

FREEMAN, WILLIAM L
1149 NE 35TH STREET
OCALA, FL 34479

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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 _William L Freeman_   _6-11-08_

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

FILE NOW!!! FEE IS $550.00 **Due by September 12, 2008**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000956766 07/31/08-80003-022 550.00

10.   OFFICERS AND DIRECTORS

TITLE	ST
NAME	COCHRAN, LISA M
STREET ADDRESS	1149 N E 35TH STREET
CITY-ST-ZIP	OCALA, FL 34479
TITLE	P
NAME	FREEMAN, W L
STREET ADDRESS	1149 N E 35TH STREET
CITY-ST-ZIP	OCALA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _William L Freeman_   _6-11-08_   _352-732-8589_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #