2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

1. Entity Nan	MENT # N10270 THE VILL SET YOU FREE, INC.				Secre	etary of State	
I.	ce of Business LEWOOD DRIVE FL 33919 US	Mailing Address % LEONARD L. LISZEWSKI 2110 CLEVELAND AVENUE FT. MYERS, FL 33901 US					
DO NOT WRITE IN THIS SPA			CE	01112005 4. FEI Numb 59-26	No Chg-NP CR	CR2E037 (10/03) Applied For Not Applicable	
	6. Name and Address of Current Re	Istered Agent		<u> </u>		······································	
LISZEWSKI, LEONARD L ESQ. 2110 CLEVELAND AVENUE FT MYERS, FL 33901			DO NOT WRITE IN THIS SPACE				
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							
	Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Finan Trust Fund Contribution.		.00 May Be ed to Fees			
10.	OFFICERS AND DIF	RECTORS	I			 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD POMPLIANO, KENNETH G 9384 RODEO DRIVE GILROY, CA 95020				U00000191 01/24/05-801	043 60-004 70.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD POMPLIANO, ROBERT G 6862 CANDLEWOOD DRIVE FT MYERS, FL 33919				TO STATE AND ANY		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD POMPLIANO, ELIZABETH G 9384 RODEO DRIVE GILROY, CA 95020			DO	NOT WRI	TE	
TITLE			er an a traction and	ĪN	THIS SPACE	CE	

12. I hereby certify that the information supplied with this filling 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 of 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 economic true corporation or the economic 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 economic true and that my name appears in Block 10 or Block 11 if changed, or on an attag ment with an address with all other like empowered.

SIGNATURE:

and the second of the second

STREET ADDRESS
CITY-ST-ZIP
ITILE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE

NAME STREET ACCRESS CITY-SY-ZIP

ATURE AND TYPED OR PRIMED HAME OF SIGNING OFFICER OR DIRECTOR

1/10/25 408-941-5730 Data Dayane Phone #