

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000017150

1. Entity Name
HOME FREE, INC.



**FILED
Apr 13, 2006 8:00 am
Secretary of State**

04-13-2006 90285 031 ***158.75

Principal Place of Business
2520 B McMULLEN BOOTH RD
CLEARWATER, FL 33761

Mailing Address

2520 B McMULLEN BOOTH RD
CLEARWATER, FL 33761

2. Principal Place of Business
100 Indian Rocks Rd
Suite, Apt. #, etc.
Suite G
City & State
Belleair Bluffs FL
Zip 33770 Country USA

3. Mailing Address
100 Indian Rocks Rd
Suite, Apt. #, etc.
Suite G

City & State
Belleair Bluffs, FL
Zip 33770 Country USA

02062006 Chg-P CR2E034 (11/05)

4. FEI Number 59-3498180	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

FREE, THOMAS
3086 OAKBROOK CIR
CLEARWATER, FL 33759

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: *Thomas Free Sec/Treasurer* *3/8/06*

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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 FREE, THOMAS 3086 OAKBROOK CIR CLEARWATER, FL 33759	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREE, ELISE 3086 OAKBROOK CIR CLEARWATER, FL 33759	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POTESTA, PAMELA 11134 108TH LANE N LARGO, FL 33778	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Pamela R Potesta* *3/8/06* *727-588-3303*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #