


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-13-2006 90285 031 \*\*\*158.75

<b>DOCUMENT # P98000017150</b> 1. Entity Name <b>HOME FREE, INC.</b>			
Principal Place of Business <b>2520 B MCMULLEN BOOTH RD CLEARWATER, FL 33761</b>		Mailing Address <b>2520 B MCMULLEN BOOTH RD CLEARWATER, FL 33761</b>	
2. Principal Place of Business <b>100 Indian Rocks Rd</b> Suite, Apt. #, etc. <b>Suite G</b> City & State <b>Belleair Bluffs FL</b> Zip <b>33770</b> Country <b>USA</b>		3. Mailing Address <b>100 Indian Rocks Rd</b> Suite, Apt. #, etc. <b>Suite G</b> City & State <b>Belleair Bluffs FL</b> Zip <b>33770</b> Country <b>USA</b>	
4. FEI Number <b>59-3498180</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>FREE, THOMAS 3086 OAKBROOK CIR CLEARWATER, FL 33759</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 <u>Thomas Free Sec/Treasurer</u> <u>3/8/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREE, THOMAS	NAME	
STREET ADDRESS	3086 OAKBROOK CIR	STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, FL 33759	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREE, ELISE	NAME	
STREET ADDRESS	3086 OAKBROOK CIR	STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, FL 33759	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POTESTA, PAMELA	NAME	
STREET ADDRESS	11134 108TH LANE N	STREET ADDRESS	
CITY-ST-ZIP	LARGO, FL 33778	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <u>Pamela Potesta</u> <u>3/8/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>Pamela R Potesta</u> <u>3/8/06</u> <u>727-588-3303</u> <small>Date Daytime Phone #</small>	