

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000017150		
1. Entity Name HOME FREE, INC.		
Principal Place of Business 100 INDIAN ROCKS RD. SUITE G BELLEAIR BLUFFS, FL 33770	Mailing Address 100 INDIAN ROCKS RD SUITE G BELLEAIR BLUFFS, FL 33770	



04162007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3498180	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent FREE, THOMAS 3086 OAKBROOK CIR CLEARWATER, FL 33759

**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 Thomas E. Free Sec. Free DATE 4-26-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREE, THOMAS 3086 OAKBROOK CIR CLEARWATER, FL 33759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POTESTA, PAMELA 11134 108TH LANE N LARGO, FL 33778
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**DO NOT WRITE
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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 4/26/07 727 5883303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #