


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90351 038 ***150.00

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 59-3498180	
5. Certificate of Status Desired <input 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 Pamela G Roper Street Address (P.O. Box Number is Not Acceptable) 305 20th Ave City Indian Rocks Beach FL Zip Code 33785		
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><i>Pamela G Roper</i></u> <u><i>Pamela G Roper</i></u> <u><i>4/25/08</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREE, THOMAS <input checked="" type="checkbox"/> Delete 3086 OAKBROOK CIR CLEARWATER, FL 33759		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 <input type="checkbox"/> Delete 11134 108TH LANE N LARGO, FL 33778		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P T S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Pamela G Roper 305 20th Ave Indian Rocks Beach, FL 33785	
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: <u><i>Pamela G Roper</i></u> <u><i>Pamela G Roper</i></u> <u><i>4/25/08</i></u> <u><i>727-588-3303</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					