

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000052635

FILED  
Aug 30, 2011  
Secretary of State

**Entity Name:** HOMETOWN INSURANCE TEAM, INC.

**Current Principal Place of Business:**

1810 J & C BLVD.  
SUITE 10  
NAPLES, FL 34109

**New Principal Place of Business:**

**Current Mailing Address:**

1810 J & C BLVD.  
SUITE 10  
NAPLES, FL 34109

**New Mailing Address:**

FEI Number: 65-0929327

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KEYSER, BYRON K PRES  
2251 INGLEWOOD COURT  
NAPLES, FL 34105 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D/O  
Name: KEYSER, BYRON K  
Address: 2251 INGLEWOOD COURT  
City-St-Zip: NAPLES, FL 34105

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BYRON K. KEYSER

PRES

08/30/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date