

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000007299

Entity Name: HOMETOWN VILLAGE INSURANCE, INC

Current Principal Place of Business:

2303 KNOLLWOOD DRIVE
LEESBURG, FL 34748

FILED
Apr 30, 2015
Secretary of State
CC8390284766

Current Mailing Address:

PO BOX 893
LADY LAKE, FL 32158 US

FEI Number: 45-4390889

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

GOLDSMITH, JAIME S
2303 KNOLLWOOD DRIVE
LEESBURG, FL 34748 US

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

Officer/Director Detail :

Title P
Name GOLDSMITH, JAIME S
Address 2303 KNOLLWOOD DRIVE
City-State-Zip: LEESBURG FL 34748

Title SHARE HOLDER
Name SCHACK, HAL S
Address 2200 LAKE POINTE CIRCLE
City-State-Zip: LEESBURG FL 34748

Title SHARE HOLDER
Name SCHACK, SARAH F
Address 2200 LAKE POINTE CIRCLE
City-State-Zip: LEESBURG FL 34748

Title SHARE HOLDER
Name SCHACK, CORY J
Address 2200 LAKE POINTE CIRCLE
City-State-Zip: LEESBURG FL 34748

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: JAIME S. GOLDSMITH

PRESIDENT

04/30/2015

Electronic Signature of Signing Officer/Director Detail

Date