

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000007299

**Entity Name:** HOMETOWN VILLAGE INSURANCE, INC

**Current Principal Place of Business:**

2303 KNOLLWOOD DRIVE  
LEESBURG, FL 34748

**Current Mailing Address:**

PO BOX 893  
LADY LAKE, FL 32158 US

**FEI Number:** 45-4390889

**Certificate of Status Desired:** No

**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 VP  
Name GOLDSMITH, BRIAN J  
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 GOLDSMITH

P

04/30/2013

Electronic Signature of Signing Officer/Director Detail

Date