

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000052635

Entity Name: HOMETOWN INSURANCE TEAM, INC.

Current Principal Place of Business:

1750 J & C BLVD.
SUITE 5
NAPLES, FL 34109

Current Mailing Address:

1750 J & C BLVD.
SUITE 5
NAPLES, FL 34109 US

FEI Number: 65-0929327

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KEYSER, BYRON KPRES
2251 INGLEWOOD COURT
NAPLES, FL 34105 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	D/O	Title	VP
Name	KEYSER, BYRON K	Name	KEYSER, ELEN L
Address	2251 INGLEWOOD COURT	Address	2251 INGLEWOOD CT
City-State-Zip:	NAPLES FL 34105	City-State-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

PRESIDENT

03/01/2016

Electronic Signature of Signing Officer/Director Detail

Date