

**2019 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**

**04/30/2019**

Electronic Signature of Signing Officer/Director Detail

Date