

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001643

FILED  
Apr 30, 2009  
Secretary of State

**Entity Name:** HOMETOWN MORTGAGE AND FINANCIAL SERVICES, INC.

**Current Principal Place of Business:**

6151 WILSONMILLS RD.  
#230  
HIGHLAND HTS., OH 44143

**New Principal Place of Business:**

9555 JACKSON STREET  
MENTOR, OH 44060

**Current Mailing Address:**

6151 WILSONMILLS RD.  
#230  
HIGHLAND HTS., OH 44143

**New Mailing Address:**

9555 JACKSON STREET  
MENTOR, OH 44060

**FEI Number:** 34-1697555

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CLARKE, STEPHEN M  
6620 SANDALWOOD LN  
NAPLES, FL 34109 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PS ( ) Delete  
Name: CLARKE, STEPHEN M  
Address: 6151 WILSONMILLS RD.#230  
City-St-Zip: HIGHLAND HTS., OH 44143

Title: V ( ) Delete  
Name: CLARKE, LISA C  
Address: 6151 WILSONMILLS RD.#230  
City-St-Zip: HIGHLAND HTS., OH 44143

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PS (X) Change ( ) Addition  
Name: CLARKE, STEPHEN M  
Address: 9555 JACKSON STREET  
City-St-Zip: MENTOR, OH 44060

Title: V (X) Change ( ) Addition  
Name: CLARKE, LISA C  
Address: 9555 JACKSON STREET  
City-St-Zip: MENTOR, OH 44060

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: STEPHEN M. CLARKE

PRES

04/30/2009

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

\_\_\_\_\_  
Date