## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F03000002800

80 SHEBOYGAN ST.

FOND DU LAC, WI 54935

Address: City-St-Zip:

Entity Name: HOMETOWN MORTGAGE AND FINANCE, INC.

FILED Jan 21, 2008 Secretary of State

Current B	ringinal Place	of Business	New Principal Place	New Principal Place of Rusiness	
Current Principal Place of Business:			New Fillicipal Flace	New Principal Place of Business:	
80 SHEBOYGAN ST. FOND DU LAC, WI 54935			39 S MARR STREET SUITE A FOND DU LAC, WI 5		
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	YGAN ST. LAC, WI 549	35			
FEI Number	: 39-1966154	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
1200 SOU	PORATION SY TH PINE ISLA ION, FL 3332	ND ROAD			
	named entity e of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,	
SIGNATUI	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CP/T ( WEHNER, LYN 80 SHEBOYGA FOND DU LAC	AN ST.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( VOIGHT, JAME 80 SHEBOYGA FOND DU LAC	AN ST.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	S ( BECKER, KIM	) Delete T	Title: Name:	( ) Change ( ) Addition	

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.

Address:

City-St-Zip:

SIGNATURE: KIM T BECKER S 01/21/2008