

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000005968

FILED  
Apr 16, 2004  
Secretary of State

**Entity Name:** HOMETOWN AUTO SALES (GEORGIA), INC.

**Current Principal Place of Business:**

406 EAST OGLETHORPE BLVD.  
ALBANY, GA 31705

**New Principal Place of Business:**

**Current Mailing Address:**

406 EAST OGLETHORPE BLVD.  
ALBANY, GA 31705

**New Mailing Address:**

**FEI Number:** 65-1187011

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WARD, WILLIAM R  
5517 HANSEL AVENUE  
ORLANDO, FL 32809 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: C ( ) Delete  
Name: MATHES, PATRICK C III  
Address: 1702 WATERWITCH DRIVE  
City-St-Zip: ORLANDO, FL 32806

Title: PST ( ) Delete  
Name: WARD, WILLIAM R  
Address: 1154 OAK CREEK COURT  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: VC ( ) Delete  
Name: MATHES, D. MICHAEL  
Address: 3037 WATERWITCH DRIVE  
City-St-Zip: ORLANDO, FL 32806

Title: VC ( ) Delete  
Name: MATHES, MARCIA L M  
Address: 3037 WATERWITCH DRIVE  
City-St-Zip: ORLANDO, FL 32806

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VC (X) Change ( ) Addition  
Name: MATHES, D. MICHAEL  
Address: 6319 GIBSON DR  
City-St-Zip: ORLANDO, FL 32809

Title: VC (X) Change ( ) Addition  
Name: MATHES, MARCIA L M  
Address: 6319 GIBSON DR  
City-St-Zip: ORLANDO, FL 32809

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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:** WILLIAM R WARD

PRES

04/16/2004

Electronic Signature of Signing Officer or Director

Date