

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000005968

FILED
Apr 05, 2007
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:

5517 HANSEL AVE
ORLANDO, FL 32809

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: 5517 HANSEL AVE
City-St-Zip: ORLANDO, FL 32809

Title: P () Delete
Name: WARD, WILLIAM R
Address: 1533 OAK SPRINGS PLACE
City-St-Zip: LAKE MARY, FL 32746

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

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

Title: VP () Delete
Name: BUNTIN, CHARLES K
Address: 315 OAKBEND DRIVE
City-St-Zip: ATHENS, GA 30606

Title: S () Delete
Name: SMYLIE, DEVERA H
Address: 1573 ROCHELLE LANE
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: DEVERA H. SMYLIE

SECR

04/05/2007

Electronic Signature of Signing Officer or Director

_____ Date