


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # J18220**  
 1. Entity Name  
 HOMETOWN FOOD, INC.



Principal Place of Business      Mailing Address  
 6147 ABSHER BLVD      P O BOX 627  
 BELLEVIEW, FL 34421 US      BELLEVIEW, FL 34420 US

**DO NOT WRITE IN THIS SPACE**



04202005      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
 59-2685596      Not Applicable

5. Certificate of Status Desired            \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 UMLAND, DAVID  
 6147 ABSHER BLVD.  
 P.O. BOX 627  
 BELLEVIEW, FL 34421

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            \$5.00 May Be Added to Fees

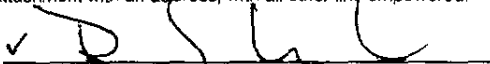
U00000351840  
 05/03/05-80004-004 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD UMLAND, DAVID 10160 SE 139TH PL SUMMERFIELD, FL 34491
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:       Date: 4/28/05      Davlrc Phone #: 3522455442