

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J18220

FILED  
Apr 26, 2007  
Secretary of State

Entity Name: HOMETOWN FOOD, INC.

**Current Principal Place of Business:**

6147 ABSHIER BLVD  
BELLEVIEW, FL 34421 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 627  
BELLEVIEW, FL 34420 US

**New Mailing Address:**

FEI Number: 59-2685596      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

UMLAND, DAVID  
6147 ABSHER BLVD.  
P.O. BOX 627  
BELLEVIEW, FL 34421 US

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

UMLAND, DAVID  
6147 ABSHER BLVD.  
BELLEVIEW, FL 34421 US

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: DAVID UMLAND      04/26/2007  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: UMLAND, DAVID,  
Address: 10160 SE 139TH PL  
City-St-Zip: SUMMERFIELD, FL 34491

Title: VTSD ( ) Delete  
Name: UMLAND, SHERRI  
Address: 10160 S.E. 139TH PLACE  
City-St-Zip: SUMMERFIELD, FL 34491

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

Title: PD (X) Change ( ) Addition  
Name: UMLAND, DAVID,  
Address: 14590 SE 100TH AVENUE  
City-St-Zip: SUMMERFIELD, FL 34491

Title: VTSD (X) Change ( ) Addition  
Name: UMLAND, SHERRI  
Address: 14590 SE 100TH AVENUE  
City-St-Zip: SUMMERFIELD, FL 34491

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: DAVID UMLAND      PD      04/26/2007  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date