2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNI

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NG OFFICER OR DIRECTOR

## Apr 05, 2004 8:00 am Secretary of State DOCUMENT # K92571 1. Entity Name 04-05-2004 90396 050 \*\*\*150.00 HOMETOWN REFERRAL SERVICE, INC. Principal Place of Business Mailing Address C/O KENNETH N. HARTMAN 1403 BERKSHIRE COURT C/O KENNETH N. HARTMAN 1403 BERKSHIRE COURT **BRANDON FL 33511** BRANDON FL 33511 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For **NO-T APPLICABLE** Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HARTMAN, KENNETH N. Street Address (P.O. Box Number is Not Acceptable) 1403 BERKSHIRE COURT **BRANDON FL 33511** City Zio Code 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 \_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Change Addition TITLE ☐ Delete HARTMAN, KENNETH N. NAME NAME STREET ADDRESS 1403 BERKSHIRE COURT STREET ADDRESS BRANDON FL CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE HARTMAN, DOROTHY J. NAME NAME STREET ADDRESS 1403 BERKSHIRE COURT STREET ADDRESS BRANDON FL CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 lirue 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.

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