

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L06000092196

1. Entity Name  
HOME TOWN MORTGAGE SOURCE, LLC



Principal Place of Business  
1020 W INT'L SPEEDWAY BLVD STE 200  
DAYTONA BEACH, FL 32114

Mailing Address  
600 NORTH RIVERSIDE DRIVE  
EDGEWATER, FL 32132



04082008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-5679561

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

GORNT0, L.A. JR  
149 S. RIDGEWOOD AVENUE, STE 550  
DAYTONA BEACH, FL 32114

**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.

04/23/08-R0027-022 138.75

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 \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRP
NAME	GORNT0, JAMES K
STREET ADDRESS	1020 W INT'L SPEEDWAY BLVD
CITY- ST- ZIP	DAYTONA BEACH, FL 32114
TITLE	CEO
NAME	GORNT0, JAMES K
STREET ADDRESS	1020 W INT'L SPEEDWAY BLVD
CITY- ST- ZIP	DAYTONA BEACH, FL 32114
TITLE	C
NAME	JOHNSON, ROBERT R
STREET ADDRESS	1020 W INT'L SPEEDWAY BLVD
CITY- ST- ZIP	DAYTONA BEACH, FL 32114
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-8-08 386-  
947-4870