


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L92754</b> 1. Entity Name HOME TOWN TRAVEL, INC.	
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Principal Place of Business 2930 US 27 S. SEBRING, FL 33870 US	Mailing Address 2930 US 27 S. SEBRING, FL 33870 US
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**DO NOT WRITE IN THIS SPACE**

01112007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3018834	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

GREENSLADE, DAVID  
2930 US 27 S  
SEBRING, FL 33870

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREENSLADE, SANDRA 1098 VILLAGE GREEN DRIEV AVON PARK, FL 33825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREENSLADE, DAVID 1098 VILLAGE GREEN DRIVE AVON PARK, FL 33825
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U00000701398  
04/20/07-80053-019 150.00

12. 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 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: Sandra J Greenslade Sandra J Greenslade  
APR 9 2007 813 382-7788  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #