


FILED
Apr 04, 2008 08:00 AM
Secretary of State

DOCUMENT # L92754		Apr 04, 2008 08:0	
1. Entity Name HOME TOWN TRAVEL, INC.		Secretary of St	
Principal Place of Business 2930 US 27 S. SEBRING, FL 33870 US		Mailing Address 2930 US 27 S. SEBRING, FL 33870 US	
DO NOT WRITE IN THIS SPACE		 01042008 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-3018834	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		04/15/08-80064-015 150.00	
10. OFFICERS AND DIRECTORS			
TITLE	D		
NAME	GREENSLADE, SANDRA		
STREET ADDRESS	1098 VILLAGE GREEN DRIEV		
CITY-ST-ZIP	AVON PARK, FL 33825		
TITLE	D		
NAME	GREENSLADE, DAVID		
STREET ADDRESS	1098 VILLAGE GREEN DRIVE		
CITY-ST-ZIP	AVON PARK, FL 33825		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
DO NOT WRITE IN THIS SPACE			
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: <i>Sandra J. Greenslade</i> Sandra J. Greenslade		4/2/2008 863 382 7788	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	