

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 12, 2005  
Secretary of State**

DOCUMENT# N01000007192

Entity Name: FLORIDA'S HOMETOWN U.S.A. PROGRAM, INC.

**Current Principal Place of Business:**

1514 N. LAKEVIEW AVE.  
LEESBURG, FL 34748

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 337  
FRUITLAND PARK, FL 34731

**New Mailing Address:**

FEI Number: 74-3013947      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

PETERS, PATRICIA A  
2501 W. MAIN ST. , STE. 110  
LEESBURG, FL 34748      US

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

PETERS, PATRICIA A  
418 CR 25  
LADY LAKE, FL 32159      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: \_\_\_\_\_ 01/12/2005  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: WATTS, LINDA  
Address: 1514 N. LAKEVIEW AVE.  
City-St-Zip: LEESBURG, FL 34748

Title: SD ( ) Delete  
Name: PETERS, PATRICIA A  
Address: 6163 S.W. 165TH COURT  
City-St-Zip: OCALA, FL 34481

Title: TD ( ) Delete  
Name: WATTS, ALLEN  
Address: 1514 N. LAKEVIEW AVE.  
City-St-Zip: LEESBURG, FL 34748

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA WATTS      PD      01/12/2005  
Electronic Signature of Signing Officer or Director      Date