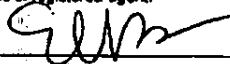


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 09, 2004 8:00 am
Secretary of State

05-26-2004 90003 009 ****65.00

DOCUMENT # N03000005569					
1. Entity Name LITTLE HOMETOWN SOLDIERS CORPORATION					
Principal Place of Business 3301 5TH AVE SOUTH ST PETERSBURG, FL 33712			Mailing Address 3301 5TH AVE SOUTH ST PETERSBURG, FL 33712		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-0338560	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HOPKINS, ELAINE 3301 5TH AVE SOUTH ST PETERSBURG, FL 33712				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip 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  Elaine Hopkins				DATE 15 Apr 04	
Filing Fee is \$61.25 Due by May 1, 2004				9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	P	☐ Delete			
NAME	HOPKINS, ELAINE				
STREET ADDRESS	3301 5TH AVE SOUTH				
CITY-STATE-ZIP	ST PETERSBURG, FL 33712				
TITLE	V	☐ Delete			
NAME	JACKSON, KELVIN				
STREET ADDRESS	3755 40TH LANE S #34E				
CITY-STATE-ZIP	ST PETERSBURG, FL 33711				
TITLE	D	☐ Delete			
NAME	DAVIS, FAITH				
STREET ADDRESS	3301 5TH AVE SOUTH				
CITY-STATE-ZIP	ST PETERSBURG, FL 33712				
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(c), 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 617, 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:  ELAINE HOPKINS				DATE 15 Apr 04 (727) 327-5992	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	

66427379



01272004 Chg-NP CR2E037 (10/03)