

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2007 8:00 am
Secretary of State

02-27-2007 90006 040 ****61.25

DOCUMENT # N03000008683

1. Entity Name
AMERICA'S HOMETOWN HEROES, INC.



Principal Place of Business
**2030 SW 61ST LANE ROAD
OCALA, FL 34474**

Mailing Address
**P.O. BOX 5564
OCALA, FL 34478**



02142007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0409601	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**BLOCKER, MARGUERITE
2030 SW 61ST LANE ROAD
OCALA, FL 34474**

**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

Marguerite Blocker

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/17/07
DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BLOCKER, MARGUERITE
STREET ADDRESS	P.O. BOX 5564
CITY-ST-ZIP	OCALA, FL 34478

TITLE	D
NAME	BLOCKER, JEREMIAH
STREET ADDRESS	P.O. BOX 5564
CITY-ST-ZIP	OCALA, FL 34478

TITLE	D
NAME	RANEW, THOMAS
STREET ADDRESS	P.O. BOX 5564
CITY-ST-ZIP	OCALA, FL 34478

TITLE	D
NAME	WETZ, JAMES
STREET ADDRESS	P.O. BOX 5564
CITY-ST-ZIP	OCALA, FL 34478

TITLE	D
NAME	ROLLS, MOSHOJI
STREET ADDRESS	P.O. BOX 5564
CITY-ST-ZIP	OCALA, FL 34478

TITLE	D
NAME	BLOCKER, ABRAHAM
STREET ADDRESS	P.O. BOX 5564
CITY-ST-ZIP	OCALA, FL 34478

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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 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:

Marguerite Blocker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/07

Date

352-854-2250

Daytime Phone #