

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2008 8:00 am**  
**Secretary of State**

02-13-2008 90031 003 \*\*\*\*61.25

<b>DOCUMENT # N03000008683</b> 1. Entity Name <b>AMERICA'S HOMETOWN HEROES, INC.</b>					
Principal Place of Business <b>2030 SW 61ST LANE ROAD OCALA, FL 34474</b>			Mailing Address <b>P.O. BOX 5564 OCALA, FL 34478</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip                      Country		City & State  Zip                      Country		4. FEI Number <b>20-0409601</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>BLOCKER, MARGUERITE 2030 SW 61ST LANE ROAD OCALA, FL 34474</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating)                      DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BLOCKER, MARGUERITE P.O. BOX 5564 OCALA, FL 34478	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BLOCKER, JEREMIAH P.O. BOX 5564 OCALA, FL 34478	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RANEW, THOMAS P.O. BOX 5564 OCALA, FL 34478	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WETZ, JAMES P.O. BOX 5564 OCALA, FL 34478	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROLLS, MOSHOJI P.O. BOX 5564 OCALA, FL 34478	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BLOCKER, ABRAHAM P.O. BOX 5564 OCALA, FL 34478	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <u>X Marguerite Blocker</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>2/12/08</u> <small>Date</small>		<u>352-854-2250</u> <small>Daytime Phone #</small>

PLEASE SEE  
ATTACHED FOR  
CHANGES/ADDITIONS

**DOCUMENT #N03000008683**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS		TITLE NAME STREET ADDRESS	P/D BLOCKER, MARGUERITE 2030 SW 61 <sup>ST</sup> LANE ROAD OCALA FL 34471 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS		TITLE NAME STREET ADDRESS	V/D CHISHOLM, FRED POST OFFICE BOX 5564 OCALA FL 34478-5564 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Chapter 119, Florida Statutes
TITLE NAME STREET ADDRESS		TITLE NAME STREET ADDRESS	S/D AULTMAN, MELANIE 8620 -230 NW 13 <sup>TH</sup> STREET GAINESVILLE FL 32605 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS		TITLE NAME STREET ADDRESS	T/D JAMES WETZ 1028 NE TENTH STREET OCALA FL 34470 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS		TITLE NAME STREET ADDRESS	D BLOCKER, ABRAHAM 2030 SW 61 <sup>ST</sup> LANE ROAD OCALA FL 34471 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS		TITLE NAME STREET ADDRESS	D RANEW, THOMAS 5138 SE 14 <sup>TH</sup> PLACE OCALA FL 34471 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS		TITLE NAME STREET ADDRESS	D HERING, CHARLOTTE 13700 SE 45 <sup>TH</sup> COURT SUMMERFIELD FL 34491 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS		TITLE NAME STREET ADDRESS	D  <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS		TITLE NAME STREET ADDRESS	  <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS		TITLE NAME STREET ADDRESS	  <input type="checkbox"/> Change <input type="checkbox"/> Addition