2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2009
Secretary of State

DOCUMENT# N03000008683

Entity Name: AMERICA'S HOMETOWN HEROES, INC.

Current Principal Place of Business:

2030 SW 61ST LANE ROAD
OCALA, FL 34474

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5564
OCALA, FL 34478

New Mailing Address:

FEI Number: 20-0409601 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	BLOCKER, MARGURITE	
Address:	2030 SW 61ST LANE ROAD	
City-St-Zip:	OCALA, FL 34471	
Title:	VD	( ) Delete
Name:	CHISHOLM, FRED	
Address:	POST OFFICE BOX 5564	
City-St-Zip:	OCALA, FL 344785564	
Title:	SD	( ) Delete
Name:	AULTMAN, MELANIE	
Address:	8620-230 NW 13TH STREET	
City-St-Zip:	GAINESVILLE, FL 32605	
Title:	TD	( ) Delete
Name:	WETZ, JAMES	
Address:	1028 NE TENT STREET	
City-St-Zip:	OCALA, FL 34470	
Title:	D	( ) Delete
Name:	ROLLS, MOSHOJI	
Address:	P.O. BOX 5564	
City-St-Zip:	OCALA, FL 34478	
Title:	D	( ) Delete
Name:	BLOCKER, ABRAHAM	
Address:	P.O. BOX 5564	
City-St-Zip:	OCALA, FL 34478	

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:	
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 exemption stated 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 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: MARGUERITE BLOCKER P/D 02/12/2009

Electronic Signature of Signing Officer or Director — Date