


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 19, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000010910</b> 1. Entity Name HOMETOWN SPECS EMPORIUM, INC.	
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Principal Place of Business 13940 7TH ST DADE CITY, FL 33525	Mailing Address 13940 7TH ST DADE CITY, FL 33525
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<b>DO NOT WRITE IN THIS SPACE</b>
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01082007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3622330	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  FOX, GREGORY A 28050 US 19 NORTH SUITE 100 CLEARWATER, FL 33761
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U000000532875 01/22/07-800009-005 150.00
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMURR, BRADLEY J 13940 7TH ST DADE CITY, FL 33525
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMURR, STEPHANIE D 13940 7TH ST DADE CITY, FL 33525
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 607, 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:** Bradley J. Smurr 1/9/07 352-521-3011  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #