


**CORPORATION
ANNUAL REPORT (AR)**

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000097166
1. Entity Name
HOMETOWN LP SERVICES, INC.



Principal Place of Business Mailing Address
9841 BAYSHORE ROAD **9841 BAYSHORE ROAD**
NORTH FORT MYERS FL 33197 **NORTH FORT MYERS FL 33197**



2. Principal Place of Business 3. Mailing Address
Suite, Apt #, etc. Suite, Apt #, etc.
City & State City & State
Zip Country Zip Country

1st MOORE CR2E034 (10/05)
4. FEI Number **65-1144067** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent
HUGHETT, CARL D
9841 BAYSHORE ROAD
NORTH FORT MYERS FL 33917

7. Name and Address of New Registered Agent
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: *Carl D. Huggett* DATE: **5-1-06**
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May 1
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	STD	<input type="checkbox"/> Delete
NAME	HUGHETT, CARL D	
STREET ADDRESS	9841 BAYSHORE ROAD	
CITY-ST-ZIP	NORTH FORT MYERS FL 33197	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUGHETT, RUTH C	
STREET ADDRESS	9841 BAYSHORE ROAD	
CITY-ST-ZIP	NORTH FORT MYERS FL 33197	
TITLE	P	<input type="checkbox"/> Delete
NAME	HUGHETT, MARK	
STREET ADDRESS	6776 GOLDEN RD	
CITY-ST-ZIP	FORT MYERS FL 33917	
TITLE	V	<input type="checkbox"/> Delete
NAME	TURNER, ADAM	
STREET ADDRESS	379 OTTUMVA AVE	
CITY-ST-ZIP	FORT MYERS FL 33905	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

U00000563105
05/19/06-80006-026 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 another like empowered.

SIGNATURE: *Carl D. Huggett* DATE: **5-1-06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #