

# ANNUAL REPORT (AR)

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



1st MOORE CR2E034 (10/05)

4. FEI Number **65-1144067** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**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

6. Name and Address of Current Registered Agent  
**HUGHETT, CARL D**  
**9841 BAYSHORE ROAD**  
**NORTH FORT MYERS FL 33197**

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* (NOTE: Registered Agent signature required when re-instating) DATE **5-1-06**

**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 Trust Fund Contribution. ☐ \$5.00 May be Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.			
TITLE	STD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	HUGHETT, CARL D			NAME			
STREET ADDRESS	9841 BAYSHORE ROAD			STREET ADDRESS			
CITY-ST-ZIP	NORTH FORT MYERS FL 33197			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	HUGHETT, RUTH C			NAME			
STREET ADDRESS	9841 BAYSHORE ROAD			STREET ADDRESS			
CITY-ST-ZIP	NORTH FORT MYERS FL 33197			CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	HUGHETT, MARK			NAME			
STREET ADDRESS	6776 GOLDEN RD			STREET ADDRESS			
CITY-ST-ZIP	FORT MYERS FL 33917			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	TURNER, ADAM			NAME			
STREET ADDRESS	379 OTTUMVA AVE			STREET ADDRESS			
CITY-ST-ZIP	FORT MYERS FL 33905			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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 all other like empowered.

SIGNATURE: *Carl D. Huggett* DATE: **5-1-06**