# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 09, 2006**
**Secretary of State**

DOCUMENT# P02000068846

**Entity Name:** HOMETOWN MORTGAGE OF THE KEYS, INC.

**Current Principal Place of Business:**

85998 OVERSEAS HIGHWAY
ISLAMORADA, FL 33036

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1182
ISLAMORADA, FL 33037

**New Mailing Address:**

**FEI Number: 71-0893703** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

YOUNG, LEE C
232 TIDE AVENUE
TAVERNIER, FL 33070 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | D | ( ) Delete |
| Name: | EL-KOURY, JOHN | |
| Address: | 228 CORAL AVENUE | |
| City-St-Zip: | TAVERNIER, FL 33070 | |
| Title: | D | ( ) Delete |
| Name: | YOUNG, LEE | |
| Address: | 223 TIDE AVENUE | |
| City-St-Zip: | TAVERNIER, FL 33070 | |
| Title: | D | ( ) Delete |
| Name: | WHEELER, ALEXA L | |
| Address: | 117 TEQUESTA STREET | |
| City-St-Zip: | TAVERNIER, FL 33070 | |
| Title: | P | ( ) Delete |
| Name: | LEE, C. YOUNG | |
| Address: | 232 TIDE AVE | |
| City-St-Zip: | TAVERNIER, FL 33070 | |
| Title: | T | ( ) Delete |
| Name: | WHEELER, ALEXA L | |
| Address: | 117 TEQUESTA STREET | |
| City-St-Zip: | TAVERNIER, FL 33070 | |
| Title: | S | ( ) Delete |
| Name: | EL-KOURY, JOHN D | |
| Address: | 228 CORAL AVENUE | |
| City-St-Zip: | TAVERNIER, FL 33070 | |

**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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEE C. YOUNG PRES 01/09/2006

Electronic Signature of Signing Officer or Director Date