

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000131664

1. Entity Name
HOMETOWN TITLE SERVICES, INC.



Principal Place of Business
1255 W ATLANTIC BLVD STE 314
POMPANO BCH, FL 33069

Mailing Address
1255 W ATLANTIC BLVD STE 314
POMPANO BCH, FL 33069



01112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
06-1665743

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BEIGHLEY, ADAM S
1255 W ATLANTIC BLVD STE 314
POMPANO BCH, FL 33069

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MYRICK, EDWARD L JR
STREET ADDRESS	1255 W ATLANTIC BLVD STE 314
CITY-ST-ZIP	POMPANO BCH, FL 33069
TITLE	D
NAME	BEIGHLEY, ADAM S
STREET ADDRESS	1255 W ATLANTIC BLVD STE 314
CITY-ST-ZIP	POMPANO BCH, FL 33069
TITLE	D
NAME	CAMPBELL, WILLIAM B III
STREET ADDRESS	1215 E HILLSBORO BLVD
CITY-ST-ZIP	DEERFIELD BCH, FL 33441
TITLE	D
NAME	MARTINSON, KIKU
STREET ADDRESS	1215 E HILLSBORO BLVD
CITY-ST-ZIP	DEERFIELD BCH, FL 33441
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1000000182072
01/19/05-80013-004 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Edward L Myrick, Jr. President 1/13/04 (954) 784-3298

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #