

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000035236

FILED
Apr 28, 2006
Secretary of State

Entity Name: HOMETOWN MEDICAL SUPPLY INC

Current Principal Place of Business:

516 JOEL BLVD - UNIT D
LEHIGH ACRES, FL 33972

New Principal Place of Business:

516 JOEL BLVD
UNIT D
LEHIGH ACRES, FL 33972

Current Mailing Address:

4706 GULFVIEW
LEHIGH ACRES, FL 33971

New Mailing Address:

516 JOEL BLVD
UNIT D
LEHIGH ACRES, FL 33972

FEI Number: 05-0572579

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUSSELL, EARL R
322 D GUNNERY ROAD
D
LEHIGH ACRES, FL 33971 US

Name and Address of New Registered Agent:

CARMEN GONZALEZ
605 E. 3RD ST
LEHIGH ACRES, FL 33972 US

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: CARMEN GONZALEZ

04/28/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GONZALEZ, CARMEN
Address: 4706 GULFVIEW
City-St-Zip: LEHIGH ACRES, FL 33971

Title: D () Delete
Name: SANTA-COLON, JESSICA
Address: 1524 MARKDALE
City-St-Zip: LEHIGH ACRES, FL 33936

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GONZALEZ, CARMEN
Address: 605 E 3RD ST
City-St-Zip: LEHIGH ACRES, FL 33972

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: CARMEN GONZALEZ

D

04/28/2006

Electronic Signature of Signing Officer or Director

Date