

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000035236

FILED
Jun 19, 2008
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 33936

Current Mailing Address:

516 JOEL BLVD
UNIT D
LEHIGH ACRES, FL 33972

New Mailing Address:

FEI Number: 05-0572579 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SANTANA COLON, JESICA
21591 PEARL ST
ALVA, FL 33920 US

Name and Address of New Registered Agent:

SANTANA COLON, JESICA
1650 WERNER DRIVE
ALVA, FL 33920 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: _____

Electronic Signature of Registered Agent

06/19/2008

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SANTANA COLON, JESICA
Address: 21591 PEARL ST
City-St-Zip: ALVA, FL 33920

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SANTANA COLON, JESICA
Address: 1650 WERNER DRIVE
City-St-Zip: ALVA, FL 33920

I hereby certify that the information supplied with this filing does not qualify 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: J. SANTANA COLON

MS

06/19/2008

Electronic Signature of Signing Officer or Director

Date