

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000030455

Entity Name: HOMETOWNE PROPERTIES, INC.

FILED  
Apr 20, 2009  
Secretary of State

**Current Principal Place of Business:**

1820 OAK TREE HOLLOW  
ALPHARETTA, GA 30005

**New Principal Place of Business:**

**Current Mailing Address:**

1820 OAK TREE HOLLOW  
ALPHARETTA, GA 30005

**New Mailing Address:**

FEI Number: 65-1221152      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

POWELL, ALICE  
1108-C NORTH 12TH. AVE.  
PENSACOLA, FL 32501 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: PT ( ) Delete  
Name: MCENTIRE, A. LYNN  
Address: 1820 OAK TREE HOLLOW  
City-St-Zip: ALPHARETTA, GA 30005

Title: VS ( ) Delete  
Name: FULLER, GLENN W  
Address: 1820 OAK TREE HOLLOW  
City-St-Zip: ALPHARETTA, GA 30005

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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: A. LYNN MCENTIRE

PRES

04/20/2009

Electronic Signature of Signing Officer or Director

Date