

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000057600

FILED  
Aug 28, 2005  
Secretary of State

Entity Name: HOMETOWN MANAGEMENT PROFESSIONALS, INC.

## Current Principal Place of Business:

5436 NW MOORHEN TR STE 105  
PORT ST LUCIE, FL 34986

## New Principal Place of Business:

513 NW BISCAYNE DR  
PORT ST LUCIE, FL 34983

## Current Mailing Address:

5436 NW MOORHEN TR STE 105  
PORT ST LUCIE, FL 34986

## New Mailing Address:

265 SW PORT ST LUCIE BLVD  
# 235  
PORT ST LUCIE, FL 34984

FEI Number: 20-3374490

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

STRODE, CHUCK  
5436 NW MOORHEN TR STE 105  
PORT ST LUCIE, FL 34986 US

## Name and Address of New Registered Agent:

STRODE, CHARLES A  
513 NW BISCAYNE DR  
PORT ST LUCIE, FL 34983 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: CHARLES A STRODE

08/28/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: STRODE, CHUCK  
Address: 5436 NW MOORHEN TR STE 105  
City-St-Zip: PORT ST LUCIE, FL 34986

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: STRODE, CHUCK  
Address: 513 NW BISCAYNE DR  
City-St-Zip: PORT ST LUCIE, FL 34983

Title: STD ( ) Change (X) Addition  
Name: CASTILLO, CINDY  
Address: 513 NW BISCAYNE DR  
City-St-Zip: PORT ST LUCIE, FL 34983

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

P

08/28/2005

Electronic Signature of Signing Officer or Director

Date