2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2007 8:00 am
Secretary of State
02-14-2007 90051 030 ***150.00

DOCUMENT # P04000092861

1. Entity Name
HOMETOWN BARBERS, INC.

Principal Place of Business	Mailing Address
338 BOXWOOD DR. DAVENPORT, FL 33837	338 BOXWOOD DR. DAVENPORT, FL 33837

01312007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3803 EXETER LANE	3803 EXETER LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LAKELAND FLORIDA	City & State: LAKELAND FLORIDA
Zip 33810 Country USA	Zip 33810 Country USA

4. FEI Number: 20-1278271 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROMA, ANTHONY J
338 BOXWOOD DR.
DAVENPORT, FL 33837

7. Name and Address of New Registered Agent

Name: ROMA, ANTHONY J
Street Address (P.O. Box Number is Not Acceptable): 3803 EXETER LANE
City: LAKELAND FL Zip Code: 33810

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] ANTHONY J. ROMA PRES. DATE: 02. 12. 2007

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ROMA, ANTHONY J 338 BOXWOOD DR. DAVENPORT, FL 33837	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: [signature] ANTHONY J. ROMA PRES. 02.12.07 353 243 1656

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #