

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000003446

FILED  
Apr 21, 2009  
Secretary of State

Entity Name: HOMETOWN OF HOMESTEAD BANKING COMPANY

## Current Principal Place of Business:

1550 NORTH KROME AVE  
HOMESTEAD, FL 33030

## New Principal Place of Business:

## Current Mailing Address:

1550 NORTH KROME AVE  
HOMESTEAD, FL 33030

## New Mailing Address:

FEI Number: 20-5192782      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SMITH, VERNON D  
1550 NORTH KROME AVE  
HOMESTEAD, FL 33030      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: D ( ) Delete  
Name: SMITH, VERNON D  
Address: 1550 NORTH KROME AVE  
City-St-Zip: HOMESTEAD, FL 33030

Title: PD ( ) Delete  
Name: PEYTON, DAVID A  
Address: 1550 N. KROME AVE.  
City-St-Zip: HOMESTEAD, FL 33030

Title: VTS ( ) Delete  
Name: ARES, ROBERT  
Address: 1550 N. KROME AVE.  
City-St-Zip: HOMESTEAD, FL 33030

Title: D ( ) Delete  
Name: MCMAHON, ELIZABETH R  
Address: 1600 S. US HIGHWAY 1  
City-St-Zip: FORT PIERCE, FL 34950

Title: CD ( ) Delete  
Name: CREAMER, JAMES  
Address: 790 PONCE DE LEON BLVD.  
City-St-Zip: SAINT AUGUSTINE, FL 32084

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: MCMAHON, ELIZABETH R  
Address: 2210 SOUTH US1  
City-St-Zip: FORT PIERCE, FL 34950

Title: CD (X) Change ( ) Addition  
Name: CREAMER, JAMES E  
Address: 100 SOUTHPARK BLVD  
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: D ( ) Change (X) Addition  
Name: ROBBINS, CINDY M  
Address: 1600 S. US HIGHWAY 1  
City-St-Zip: FORT PIERCE, FL 34950

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: ROBERT ARES

VTS

04/21/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date