

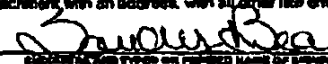
Apr 28 08 12:01p

Home Town Care

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90199 016 ***158.75

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #P07000045128				60034211	
1. Entity Name HOME TOWN CARE, INC.					
Principal Place of Business 107 HATLEY STREET JASPER, FL 32052		Mailing Address 107 HATLEY STREET JASPER, FL 32052			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 65			
State, Apt. #, etc.		Subs. Apt. #, etc.			
City & State Jasper, FL		4. File Number 20-8823965		Applied For Not Applicable	
Zip 32052		Country USA		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DOORN, JERRY 107 HATLEY STREET JASPER, FL 32052			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL Zip Code		
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  DATE 4/28/08					
FILE NUMBER FEE IS \$150.00 After May 1, 2008 Fee will be \$250.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fee	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DOORN, JERRY 6930 GREENBRIER DRIVE SEMINOLE, FL 33777	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Sandy Beal 14759 SE 8TH Terrace g White Springs, FL 32086	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T Margaret Hobby 11528 NE 36TH Trail Jasper, FL 32052	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ 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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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 any 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 as changed, or on an attachment, with an address, with all other like empowered.					
SIGNATURE: 			4-2408		