Apr 28 08 12:01p Home Town Care

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Apr 30, 2008 8:00 am
Secretary of State
04-30-2008 90199 016 ***158.75

2008 FOR PROFIT CORPORATION ANNUAL REPORT

6U0J9411

DOCUMENT # P07000045128

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

04222008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address: P.O. Box 65
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Jasper, FL
Zip / Country	Zip: 32052 / Country

4. FEI Number: 20-8823965 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DOORN, JERRY 107 HATLEY STREET JASPER, FL 32052	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: [signature] 4/28/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 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	P DOORN, JERRY 6930 GREENBRIER DRIVE SEMINOLE, FL 33777 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Sandy Beal 14759 SE 87th Terrace White Springs, FL 320__ ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Margaret Hobby 11528 NE 35th 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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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: Sandy Beal] 4-24-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

04/28/2008 12:52 FAX 721 391 4432