

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000045128

Entity Name: HOME TOWN CARE, INC.

FILED
Feb 02, 2009
Secretary of State

Current Principal Place of Business:

107 HATLEY STREET
JASPER, FL 32052

New Principal Place of Business:

Current Mailing Address:

PO BOX 65
JASPER, FL 32052

New Mailing Address:

FEI Number: 20-8823965

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOORN, JERRY
107 HATLEY STREET
JASPER, FL 32052 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: P () Delete
Name: DOORN, JERRY
Address: 6930 GREENBRIER DRIVE
City-St-Zip: SEMINOLE, FL 33777

Title: VP () Delete
Name: BEAL, SANDY
Address: 14759 SE 87TH TERRACE
City-St-Zip: WHITE SPRINGS, FL 32016

Title: T () Delete
Name: HOBBY, MARGARET
Address: 11528 NE 55TH TRAIL
City-St-Zip: JASPER, FL 32052

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:

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: SANDY BEAL

_____ Electronic Signature of Signing Officer or Director

OWNE

02/02/2009

_____ Date