## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

## FILED Apr 19, 2004 08:00 AM Secretary of State **DOCUMENT # P97000106818** HOMETOWN MESSENGER, INC. Mailing Address Principal Place of Business 3811 HUNTINGTON STREET, N.E. 3811 HUNTINGTON STREET, N.E. ST. PETERSBURG, FL 33703 ST. PETERSBURG, FL 33703 CR2E034 (10/03) 03312004 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3482941 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CARLSON, HELEN C DO NOT WRITE 3811 HUNTINGTON STREET, N.E. ST. PETERSBURG, FL 33703 IN THIS SPACE 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, typed or printed name of registered agent and tille if applicable (NOTE Registered Agent signature required when reinstating) DATE **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE CARLSON, HELEN C NAME STREET ADDRESS 3811 HUNTINGTON ST NE U00000118784 04/19/04-80074-007 150.00 CITY-ST-ZIP ST PETE, FL 33703 TITLE GALLIMORE, MARGARET NAME STREET ADDRESS 7920 3RD ST N CITY-ST-ZIP ST PETE, FL 33702 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:	Melan	C. Cush	- HELEN	U CARASON	4/14/04	727-522-5	08
	SIGNATURE AND TYPED	OR PRINTED NAME OF SIGNING O	FFICER OR DIRECTOR	, K.	Date	Daytime Phone #	_ 1