

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000028191

FILED
Apr 24, 2006
Secretary of State

Entity Name: HOMETOWN INDUSTRIES, INC.

Current Principal Place of Business:

7601 BLOUNSTOWN HWY
TALLAHASSEE, FL 32310

New Principal Place of Business:

35 ZION HILL ROAD
CRAWFORDVILLE, FL 32327 US

Current Mailing Address:

7601 BLOUNSTOWN HWY
TALLAHASSEE, FL 32310

New Mailing Address:

P O BOX 1563
CRAWFORDVILLE, FL 32326 US

FEI Number: 59-3500734

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VICE, JOEL C
35 ZION HILL RD.
CRAWFORDVILLE, FL 32327 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: VICE, JOEL C
Address: 35 ZION HILL RD.
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: VP () Delete
Name: VICE, PATRICIA F
Address: 35 ZION HILL RD.
City-St-Zip: CRAWFORDVILLE, FL 32327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: PATRICIA F. VICE

VP

04/24/2006

Electronic Signature of Signing Officer or Director

_____ Date