

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000041039

Entity Name: HOMETOWN MOTORS, INC.

FILED
Jun 30, 2004
Secretary of State

Current Principal Place of Business:

320 NE 33RD AVE. STE F
SUITE 3
GAINESVILLE, FL 32609

New Principal Place of Business:

Current Mailing Address:

320 NE 33RD AVE. STE F
SUITE 3
GAINESVILLE, FL 32609

New Mailing Address:

FEI Number: 59-3508328

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIER, TIM
1427 NE AVE
GAINESVILLE, FL 32609

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GIER, TIM
Address: 1427 NE 22ND AVE
City-St-Zip: GAINESVILLE, FL 32609

Title: D () Delete
Name: GIER, TED
Address: 1118 NW 39TH DRIVE
City-St-Zip: GAINESVILLE, FL 32605

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 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 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: TIM GIER

PRES

06/30/2004

Electronic Signature of Signing Officer or Director

Date