2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S64831

HOMETOWNE BROKERS, INC.



FILED Apr 25, 2008 08:00 AN Secretary of State

Principal Place of Business

136 SE SAINT JOHNS ST. LAKE CITY, FL 32025 U Mailing Address

136 SE SAINT JOHNS ST. LAKE CITY, FL 32025 US



DATE

DO NOT WRITE IN THIS SPACE

04232008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3074257

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN, CHARLES B., III 487 NW CASTERLINE GLN LAKE CITY, FL 32055

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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.	
SI	CNATURE	

(NOTE, Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be Added to Fees

After May 1, 2008 Fee will be \$550.00

Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE
NAME
SIREET ADDRESS
CITY-ST-ZIP
LAKE CITY, FL 32055

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

Signature, typed or printed name of registered agent and title if applicable

DO NOT WRITE IN THIS SPACE

12. Thereby 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 of trustee amovered 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:

NAME STREET ADDRESS

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

CITY - ST-ZIP

NATURE AND TYPEDOX PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/208 386-752-795/