

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90084 035 ***150.00

DOCUMENT # F96000003377

1. Entity Name
WELCOME HOMES, INC.



Principal Place of Business
**5530 WISCONSIN AVE #900
CHEVY CHASE, MD 20815**

Mailing Address
**5530 WISCONSIN AVE #900
CHEVY CHASE, MD 20815**

20014000



01132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-1989292

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
CORPORATION TRUST COMPANY
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
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.

BABARA A. BURKE

SPECIAL ASSISTANT SECRETARY

SIGNATURE *Barbara A. Burke*

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

(NOTE: Registered Agent signature required when reinstating)

2905

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DCP
ZUPNIK, STANLEY R
5530 WISCONSIN AVE. STE 900
CHEVY CHASE, MD 20815**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
ZUPNIK, KEVIN A
5530 WISCONSIN AVE #900
CHEVY CHASE, MD 20815**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DST
BORREDA, BELLA
5530 WISCONSIN AVE #900
CHEVY CHASE, MD 20815**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: *Bella Borreda*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bella Borreda

1/21/05

301-951-0900

Date

Daytime Phone #