

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 26, 2004 8:00 am**  
**Secretary of State**

02-26-2004 90023 014 \*\*\*150.00

<b>DOCUMENT # L33220</b> 1. Entity Name <b>LIN N. WELCH REALTY, INC.</b>			
Principal Place of Business <b>11220 - 22 METRO PKWY STE 5 FT. MYERS, FL 33911 US</b>		Mailing Address <b>P.O. BOX 6656 FT MYERS, FL 33911 US</b>	
2. Principal Place of Business <b>6814 Highland Pines Cir</b>		3. Mailing Address <b>P.O. Box 62074</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Ft. Myers, FL</b>		City & State <b>Ft. Myers, FL</b>	
Zip <b>33912</b>		Zip <b>33906</b>	
Country 		Country <b>USA</b>	
4. FEI Number <b>65-0178164</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>WELCH, LINDA N 11220 METRO PKWY SUITE 05 FT MEYERS, FL 33912</b>		7. Name and Address of New Registered Agent Name <b>Linda N. Welch</b> Street Address (P.O. Box Number is Not Acceptable) <b>6814 Highland Pines Circle</b> City <b>Ft. Myers</b>	
State <b>FL</b>		Zip Code <b>33912</b>	
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: <u><i>Linda N. Welch</i></u> DATE: <u>2/11/04</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>DPST</b>	NAME <b>WELCH, LINDA N.</b>	TITLE <b>DPVPST</b>	NAME <b>Welch, Linda N.</b>
STREET ADDRESS <b>11220 METRO PKWY, STE 5</b>	CITY-ST-ZIP <b>FORT MYERS, FL 33912</b>	STREET ADDRESS <b>6814 Highland Pines Circle</b>	CITY-ST-ZIP <b>Fort Myers, FL 33912</b>
TITLE <b>VP</b>	NAME <b>WALKER, VICTORIA E</b>	TITLE 	NAME 
STREET ADDRESS <b>11220 METRO PKWY, STE 5</b>	CITY-ST-ZIP <b>CAPE CORAL, FL 33904</b>	STREET ADDRESS 	CITY-ST-ZIP 
TITLE 	NAME 	TITLE 	NAME 
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP 
TITLE 	NAME 	TITLE 	NAME 
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP 
TITLE 	NAME 	TITLE 	NAME 
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP 
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: <u><i>Linda N. Welch</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>2/11/04</u> Daytime Phone #: <u>339-939-9224</u>	

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