


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90569 024 \*\*\*150.00

**DOCUMENT # M70517**

1. Entity Name  
**WELCOME HOME REALTY SERVICES, INC.**



Principal Place of Business      Mailing Address  
**16038 DORA AVE**      **16038 DORA AVE**  
**TAVARES, FL 32778**      **TAVARES, FL 32778**

**20036527**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

01112005      Chg-P      CR2E034 (10/03)

City & State      City & State

4. FEI Number      Applied For  
**59-2965781**      Not Applicable

Zip      Country      Zip      Country

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

**6. Name and Address of Current Registered Agent**

**LACKEY, DONALD J.**  
**16038 DORA AVE**  
**TAVARES, FL 32778**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**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	SD	<input type="checkbox"/> Delete
NAME	LACKEY, COLLEEN D.	
STREET ADDRESS	16038 DORA AVE	
CITY-ST-ZIP	TAVARES, FL 32778	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LACKEY, DONALD J.	
STREET ADDRESS	16038 DORA AVE	
CITY-ST-ZIP	TAVARES, FL 32778	
TITLE	VT	<input type="checkbox"/> Delete
NAME	LACKEY, COLLEEN, D.	
STREET ADDRESS	16038 DORA AVE	
CITY-ST-ZIP	TAVARES, FL 32778	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: Colleen D. Lackey      Date: 1/11/05      Daytime Phone #: 352-589-1308