
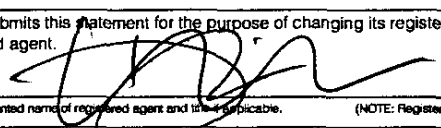


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90030 018 ***150.00

DOCUMENT # P00000092816 1. Entity Name WELCOME HOME REALTY OF ST. CLOUD, INC.					
Principal Place of Business 1122 PENNSYLVANIA AVENUE ST. CLOUD, FL 34769			Mailing Address P.O. BOX 701506 SAINT CLOUD, FL 34770		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 1122 Pennsylvania Ave Suite, Apt. #, etc.			
City & State St. Cloud, Florida		City & State St. Cloud, Florida		4. FEI Number 59-3673846	
Zip 34769		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MALASPINA, DONNA 1991 WILLOW WOOD DR KISSIMMEE, FL 34746			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE _____ <small>Signature, typed or printed name of registered agent and is applicable.</small> </div> <div style="width: 40%; text-align: center;">  </div> <div style="width: 20%; text-align: right;"> DATE 3/31/04 </div> </div>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALASPINA, DONNA 1991 WILLOW WOOD DR KISSIMMEE, FL 34746	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST MALASPINA, DONNA 1991 WILLOW WOOD DR KISSIMMEE, FL 34746	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<div style="display: flex; justify-content: space-between;"> <div> 4/7/04 <small>Date</small> </div> <div> 407 709 2155 <small>Daytime Phone #</small> </div> </div>		

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03032004 Chg-P CR2E034 (10/03)