

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 08, 2004 08:00 AM
Secretary of State**

DOCUMENT # P02000131530

1. Entity Name
HOME SOURCE REALTY OF LAKE, INC.



Principal Place of Business
**5452 GROVE MANOR
LADY LAKE, FL 32159**

Mailing Address
**5452 GROVE MANOR
LADY LAKE, FL 32159**



01052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
30-0136245

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MYERS, ROSA L
5452 GROVE MANOR
LADY LAKE, FL 32159**

**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.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	MYERS, ROSA L
STREET ADDRESS	5452 GROVE MANOR
CITY - ST - ZIP	LADY LAKE, FL 32159
TITLE	VD
NAME	SINGLETON, WILLIAM B
STREET ADDRESS	1641 LAKE MARION DR
CITY - ST - ZIP	APOPKA, FL 32712
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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01/08/04-80006-016 150.00

**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: *Rosa L Myers* **ROSAL MYERS** *1/6/04 352-636-8493*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #