

2011

FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P98000009517

1. Entity Name:

WELCOME HOME REAL ESTATE INC.



FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 APR 19 AM 4:42

Principal Place of Business:

1967 HILLCREST OAK DR
DELAND FL 32720

Mailing Address:

1967 HILLCREST OAK DR
DELAND FL 32720

2. Principal Place of Business:

3. Mailing Address:

Suite, Apt. #, etc.

State, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State:

City & State:

4. FEI Number

59-3489414

Approved For:

Not Applicable

Zip:

Country:

Zip:

Country:

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

6. Name and Address of Current Registered Agent

ZIMMER, KAREN F
1967 HILLCREST OAK DR
DELAND FL 32720

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:

(Supplemental report of the new registered agent and office is applicable)

(NOTE: Registered Agent's signature is required when office is changed)

(Date)

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE: P ☐ Delete
NAME: ZIMMER, KAREN
STREET ADDRESS: 1967 HILLCREST OAK DR
CITY- ST- ZIP: DELAND FL 32720

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY- ST- ZIP:
400202590614
04/19/11--01018--010 **150.00

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: ☐ Change ☐ Addition
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CITY- ST- ZIP:

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CITY- ST- ZIP:

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NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Karen L. Zimmer

4/12/11

Ala