

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000078024

**Entity Name:** CLERMONT KIDZ CARE, INC.

**Current Principal Place of Business:**

606 WEST AVE  
CLERMONT, FL 34711

**Current Mailing Address:**

606 WEST AVE  
CLERMONT, FL 34711

**FEI Number:** 27-0932304

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MARK, PATRICIA  
4772 WINDSOR AVE  
ORLANDO, FL 32819 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title	P	Title	VP
Name	MARK, PATRICIA M	Name	MARK, WAYNE
Address	606 WEST AVE	Address	606 WEST AVE
City-State-Zip:	CLERMONT FL 34711	City-State-Zip:	CLERMONT FL 34711

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** PATRICIA MARK

**PRESIDENT**

**03/15/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date