


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2008 8:00 am
Secretary of State

02-26-2008 90010 050 ***158.75

DOCUMENT # L80455
 1. Entity Name
WE CARE LANDSCAPING, INC.



Principal Place of Business Mailing Address
 232 FREEMAN RD 232 FREEMAN RD
 ENGLEWOOD TN 37329 ENGLEWOOD TN 73729



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
10821-117 LN. N. **10821-117 LN. N.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State City & State
SEMINOLE FL. **SEMINOLE FL.**
 Zip Country Zip Country
33778 **33778**

4. FEI Number Applied For
59-3009956 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
BIRD, GERALD P.
232 FREEMAN RD
ENGLEWOOD FL 73729

7. Name and Address of New Registered Agent
 Name **BIRD, GERALD P.**
 Street Address (P.O. Box Number is Not Acceptable)
10821-117 LN. N.
 City State Zip Code
SEMINOLE FL 33778

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 _____ DATE _____
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------|---------------------------------|
| TITLE | PSTD | <input type="checkbox"/> Delete |
| NAME | BIRD, GERALD P. | |
| STREET ADDRESS | 232 FREEMAN RD | |
| CITY-ST-ZIP | ENGLEWOOD TN 37329 | |
| TITLE | VCM | <input type="checkbox"/> Delete |
| NAME | BIRD, GERALD P. | |
| STREET ADDRESS | 232 FREEMAN RD | |
| CITY-ST-ZIP | ENGLEWOOD TN 73729 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BIRD GERALD P. | |
| STREET ADDRESS | 10821-117 LN. N. | |
| CITY-ST-ZIP | SEMINOLE FL. 33778 | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BIRD GERALD P. | |
| STREET ADDRESS | 10821-117 LN. N. | |
| CITY-ST-ZIP | SEMINOLE FL. 33778 | |
| 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 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: *[Signature]* **GERALD P. BIRD** **2-18-08** **727-422-9780**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #