

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000057732

**FILED**  
**Mar 09, 2012**  
**Secretary of State**

**Entity Name:** VERONICA'S CARE INCORPORATED

**Current Principal Place of Business:**

2867 51ST AVE S  
SAINT PETERSBURG, FL 33712

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 12816  
SAINT PETERSBURG, FL 337332816

**New Mailing Address:**

**FEI Number:** 01-0665751

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LAQUAN MARTIN, VERONICA  
2867 51ST AVE. SOUTH  
ST. PETERSBURG, FL 33712 US

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

MILTON, VERONICA, LAQUAN  
2867 51ST AVE. SOUTH  
ST. PETERSBURG, FL 33712 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: VERONICA LAQUAN MILTON

03/09/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MILTON, VERONICA, LAQUAN  
Address: PO BOX 12816  
City-St-Zip: SAINT PETERSBURG, FL 337332816

Title: VP  
Name: MILTON, DARREN, DINO  
Address: P.O. BOX 12816  
City-St-Zip: SAINT PETERSBURG, FL 33733

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: VERONICA LAQUAN MILTON

P

03/09/2012

Electronic Signature of Signing Officer or Director

Date