

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000044032

**FILED**  
**Apr 05, 2011**  
**Secretary of State**

**Entity Name:** WENZEL FAMILY CHILD CARE INC.

**Current Principal Place of Business:**

1832 SW GRANT AVE  
PT ST LUCIE, FL 34953

**New Principal Place of Business:**

**Current Mailing Address:**

1832 SW GRANT AVE  
PT ST LUCIE, FL 34953

**New Mailing Address:**

**FEI Number:** 14-1904444

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WENZEL, RENEE  
1832 SW GRANT AVE  
PT ST LUCIE, FL 34953 US

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

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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: WENZEL, RENEE  
Address: 1832 SW GRANT AVE  
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: VT  
Name: WENZEL, CAMERON  
Address: 1832 SW GRANT AVE  
City-St-Zip: PORT SAINT LUCIE, FL 34953

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: CAMERON WENZEL

VT

04/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date