

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000062413

**FILED**  
**Apr 29, 2012**  
**Secretary of State**

**Entity Name:** FOR THOSE WHO CARE, INC.

**Current Principal Place of Business:**

2434 CALEDONIAN STREET  
CLERMONT, FL 34711

**New Principal Place of Business:**

1150 W. MINNEOLA AVE.  
CLERMONT, FL 34711

**Current Mailing Address:**

2434 CALEDONIAN STREET  
CLERMONT, FL 34711

**New Mailing Address:**

1150 W. MINNEOLA AVE.  
CLERMONT, FL 34711

**FEI Number:** 20-0997717

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WIELOSZYNSKI, MARY LOU  
2434 CALEDONIAN STREET  
CLERMONT, FL 34711 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:** WIELOSZYNSKI, MARY LOU  
**Address:** 2434 CALEDONIAN STREET  
**City-St-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:** MARY LOU WIELOSZYNSKI

PRES

04/29/2012

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

\_\_\_\_\_  
Date