## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000088945

Entity Name: WE CARE LIFE SOURCE, INC

FILED Feb 09, 2012 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
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1004 E DR. MARTIN LUTHER KING JR BLVD PLANT CITY, FL 33563

Current Mailing Address: New Mailing Address:

P.O. BOX 2602 PLANT CITY, FL 33564

FEI Number: 26-0672086 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

HARGROVE, LAVONDA M 1004 E DR MARTIN LUTHER KING JR BLVD PLANT CITY, FL 33563 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

## **OFFICERS AND DIRECTORS:**

Title:

Name: HARGROVE, LAVONDA M

Address: 1004 E DR MARTIN LUTHER KING JR BLVD

City-St-Zip: PLANT CITY, FL 33563

Title: VP

Name: HARGROVE, BRANDON

Address: 1004 E DR MARTIN LUTHER KING JR BLVD

City-St-Zip: PLANT CITY, FL 33563

Title: TRES

Name: LOYD, LASHAWN

Address: 1004 E DR MARTIN LUTHER KING JR BLVD

City-St-Zip: PLANT CITY, FL 33563

Title: C

Name: HARGROVE, ANDREW M

Address: 1004 E DR MARTIN LUTHER KING JR BLVD

City-St-Zip: PLANT CITY, FL 33563

Title: C

Name: HARGROVE, DERRICK K SR

Address: 1004 E. DR MARTIN LUTHER KING JR BLVD

City-St-Zip: PLANT CITY, FL 33563

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: LAVONDA M. HARGROVE P 02/09/2012