

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000059124

**FILED**  
**Apr 20, 2010**  
**Secretary of State**

**Entity Name:** W.T. HOME CARE & PLAY CARE, INC.

**Current Principal Place of Business:**

111 S. MAGNOLIA AVENUE  
TAMPA, FL 33609 US

**New Principal Place of Business:**

**Current Mailing Address:**

111 S. MAGNOLIA AVENUE  
TAMPA, FL 33609 US

**New Mailing Address:**

**FEI Number:** 27-0535646

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CRIBEIRO, TOMASA  
4545 W. CLIFTON ST  
TAMPA, FL 33614 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CRIBEIRO, TOMASA  
Address: 4545 W. CLIFTON ST.  
City-St-Zip: TAMPA, FL 33614 US

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:** TOMASA CRIBEIRO

P

04/20/2010

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

\_\_\_\_\_  
Date