

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P96000055792

1. Entity Name
WE ELDERLY CARE, INC.



Principal Place of Business
**214 EAST STUART AVE
LAKE WALES, FL 33853 US**

Mailing Address
**214 EAST STUART AVE
LAKE WALES, FL 33853 US**



04252007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3388182

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KINGSLEY, WILLIAM J
495 COLEMAN ROAD
BABSON PARK, FL 33827**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *William J. Kingsley* **4.25.07**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating.) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$850.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE: PVD
NAME: KINGLSEY, LAURA
STREET ADDRESS: 495 COLEMAN RD
CITY-ST-ZIP: LAKE WALES, FL 33853

TITLE: RA
NAME: KINGSLEY, WILLIAM J
STREET ADDRESS: 495 COLEMAN ROAD
CITY-ST-ZIP: BABSON PARK, FL 33827

TITLE: STD
NAME: ARMSTRONG, JAMES C
STREET ADDRESS: 925 CAMPBELL AVE
CITY-ST-ZIP: LAKE WALES, FL 33853

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

**DO NOT WRITE
IN THIS SPACE**

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05/09/07-80056-005 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Laura Kingsley*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.25.07
Date Daytime Phone #