

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000055792

Entity Name: WE ELDERLY CARE, INC.

**FILED**  
**Jan 27, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

214 EAST STUART AVE  
LAKE WALES, FL 33853 US

**New Principal Place of Business:**

**Current Mailing Address:**

214 EAST STUART AVE  
LAKE WALES, FL 33853 US

**New Mailing Address:**

FEI Number: 59-3388182

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

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

KINGSLEY, LAURA  
495 COLEMAN RD  
BABSON PARK, FL 33827 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: LAURA KINGLSEY

01/27/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PVD  
Name: KINGLSEY, LAURA  
Address: 495 COLEMAN RD  
City-St-Zip: LAKE WALES, FL 33827

Title: STD  
Name: ARMSTRONG, JAMES C  
Address: 925 CAMPBELL AVE.  
City-St-Zip: LAKE WALES, FL 33853

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: LAURA KINGSLEY

PVD

01/27/2011

Electronic Signature of Signing Officer or Director

Date