


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # F00000000080 1. Entity Name WEE DISCOVER AFTER SCHOOL PROGRAM, LTD. COMPANY	
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Principal Place of Business 622 EDGEWATER DR #722 DUNEDIN, FL 34698	Mailing Address P. O. BOX 340129 TAMPA, FL 33694
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DO NOT WRITE IN THIS SPACE



01232006 No Chg-P CR2E034 (11/05)

4. FEI Number 37-1390856	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

BURD, KYLA L
16933 MELISSA ANN DRIVE
LUTZ, FL 33558

**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 _____
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, 2006 Fee will be \$550.00

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

UNNNNN005822
02/07/06-20050-019 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP BURD, KAREN S 622 EDGEWATER DR #722 DUNEDIN, FL 34698
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCV BURD, DARRELL E 622 EDGEWATER DR #722 DUNEDIN, FL 34698
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PENA, SONYA R 719 EAST WOOD DRIVE COLUMBIA, IL 62236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BURD, KYLA L 16933 MELISSA ANN DRIVE LUTZ, FL 33558
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: Karen S. Burd Karen S. Burd 1/23/06 727-238-2824
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #