

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F13484

1. Entity Name
WEE WONDERS DAY CARE & NURSERY, INC.



Principal Place of Business
4123 W COLUMBIA ST
ORLANDO, FL 32811

Mailing Address
4123 W COLUMBIA ST
ORLANDO, FL 32811

FILED
Apr 19, 2004 08:00 AM
Secretary of State



03242004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2045975

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ANDERSON, JAMES W., SR.
1124 MARTIN LUTHER KING DR
ORLANDO, FL 32805

**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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

U000000120462
04/19/04-80132-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ANDERSON, JAMES W., SR.
STREET ADDRESS	1124 MARTIN LUTHER KING DR
CITY-STATE-ZIP	ORLANDO, FL
TITLE	STD
NAME	ANDERSON, VANDINE M.
STREET ADDRESS	1124 MARTIN LUTHER KING DR
CITY-STATE-ZIP	ORLANDO, FL
TITLE	D
NAME	BING, CYNTHIA A.
STREET ADDRESS	1809 POWELL DR
CITY-STATE-ZIP	ARLINGTON, TX
TITLE	D
NAME	ANDERSON, JAMES W., JR.
STREET ADDRESS	1124 MARTIN LUTHER KING DR
CITY-STATE-ZIP	ORLANDO, FL 32805
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

James W. Anderson, Sr. **JAMES W. ANDERSON, SR.**

Date

4-14-04

Daytime Phone #

407-298-9155

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR