

# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**DOCUMENT # K46296**

1. Entity Name  
**WEE CARE DAY CARE AND PRE-SCHOOL, INC.**



FILED

04 MAR 29 AM 10:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**4717 STATE ROAD 218  
P.O. BOX 1567  
MIDDLEBURG, FL 32050**

Mailing Address  
**4717 STATE ROAD 218  
P.O. BOX 1567  
MIDDLEBURG, FL 32050**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03182004

Chg-P

CR2E034 (10/03)

4. FEI Number  
**59-2916941**

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WALDRON, ROSE H.  
4717 STATE ROAD 218  
MIDDLEBURG, FL 32068**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution.

☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TP  
**WALDRON, ROSE H.  
4717 STATE ROAD 218  
MIDDLEBURG, FL**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
**800031546818  
03/31/04--01017--017 \*\*70.00**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VS  
**WALDRON, PATRICK G  
4717 STATE RD 218 WEST  
MIDDLEBURG, FL**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☒ Change ☐ Addition  
**Senior Vice President  
Waldron, Patrick B  
4717 County Rd. 218 W  
Middleburg, FL 32068**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☒ Addition  
**Vice President  
Sean B. Waldron  
4717 County Rd 218 W  
Middleburg, FL 32068**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
**Christine Davis  
4717 County Rd 218 W (Secretary)  
Middleburg, FL 32068**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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:** Rose H. Waldron Rose H. Waldron

3/19/04 904-282-7320

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #