

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Mar 21, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # K46296**

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



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**



03182005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

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**

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

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

1100000272317  
03/21/05-80085-010 158.75

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TP WALDRON, ROSE H. 4717 STATE ROAD 218 MIDDLEBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP WALDRON, PATRICK G 4717 STATE RD 218 WEST MIDDLEBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WALDRON, SEAN B 4717 STATE ROAD 218 MIDDLEBURG, FL 32050
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAVIS, CHRISTINE 4717 STATE ROAD 218 MIDDLEBURG, FL 32050
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*President*  
3/15/05 904 276-9380