

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 14, 2006 8:00 am**  
**Secretary of State**

06-14-2006 90005 050 \*\*\*158.75

**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

**40095501**



05102006 No Chg-P CR2E034 (11/05)

**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 Rose H. Waldron Rose H. Waldron

5/28/06

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  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	TP
NAME	WALDRON, ROSE H.
STREET ADDRESS	4717 STATE ROAD 218
CITY-STATE-ZIP	MIDDLEBURG, FL
TITLE	SVP
NAME	WALDRON, PATRICK G
STREET ADDRESS	4717 STATE RD 218 WEST
CITY-STATE-ZIP	MIDDLEBURG, FL
TITLE	V
NAME	WALDRON, SEAN B
STREET ADDRESS	4717 STATE ROAD 218
CITY-STATE-ZIP	MIDDLEBURG, FL 32050
TITLE	S
NAME	DAVIS, CHRISTINE
STREET ADDRESS	4717 STATE ROAD 218
CITY-STATE-ZIP	MIDDLEBURG, FL 32050
TITLE	Fox, Tina Junior V.P.
NAME	1220 Bee Street W
STREET ADDRESS	Orange PA, FL 32065
CITY-STATE-ZIP	
TITLE	Musgrove, Christie Junior V.P.
NAME	6130 Jack Wilkinson
STREET ADDRESS	Middleburg, FL 32234
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 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: Rose H. Waldron

5/28/06

Date

Daytime Phone #