2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K46296

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

FILED Jun 02, 2<u>00</u>8 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

4717 STATE ROAD 218 P.O. BOX 1567 MIDDLEBURG, FL 32050 4717 COUNTY ROAD 218 WEST MIDDLEBURG, FL 32068

New Mailing Address: Current Mailing Address:

4717 STATE ROAD 218 P.O. BOX 1567

P.O. BOX 1567

MIDDLEBURG, FL 32050

MIDDLEBURG, FL 32050

FEI Number: 59-2916941 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WALDRON, ROSE H 4717 STATÉ ROAD 218 MIDDLEBURG, FL 32068 US WALDRON, PATRICK 4717 COUNTY ROAD 218 WEST MIDDLEBURG, FL 32068

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.

SIGNATURE: PATRICK WALDRON

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

06/02/2008

Title: () Delete WALDRON, ROSE H., Name: 4717 STATE ROAD 218 Address: City-St-Zip: MIDDLEBURG, FL

SVP Title: () Delete Name: WALDRON, PATRICK G 4717 STATE RD 218 WEST Address: MIDDLEBURG, FL City-St-Zip:

() Delete Title: WALDRON, SEAN B Name: 4717 STATE ROAD 218 Address: City-St-Zip: MIDDLEBURG, FL 32050

Title: () Delete DAVIS, CHRISTINE Name: Address: 4717 STATE ROAD 218 City-St-Zip: MIDDLEBURG, FL 32050

Title: () Delete

Name: FOX, TINA

City-St-Zip:

1220 BEE ST NORTH Address: City-St-Zip: ORANGE PARK, FL 32065

Title: JVP (X) Delete MUSGROVE, CHRISTLE Name: 6130 JACK WILKINSON Address:

MIDDLEBURG, FL 32234

Title: (X) Change () Addition

WALDRON, PATRICK, Name:

4717 COUNTY ROAD 218 WEST Address: City-St-Zip: MIDDLEBURG, FL 32068

Title: SVP (X) Change () Addition

Name: WALDRON, SEAN

4717 COUNTY ROAD 218 WEST Address: MIDDLEBURG, FL 32068 City-St-Zip:

Title: (X) Change () Addition WALDRON, SHANE Name:

Address:

4717 COUNTY ROAD 218 WEST City-St-Zip: MIDDLEBURG, FL 32068

Title: (X) Change () Addition DAVIS, CHRISTINE Name:

Address: 4717 COUNTY ROAD 218 WEST City-St-Zip: MIDDLEBURG, FL 32068

Title: () Change () Addition

Name: Address: City-St-Zip:

Title: () Change () Addition

Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICK WALDRON TP 06/02/2008