

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K46296

FILED
Mar 23, 2009
Secretary of State

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

Current Principal Place of Business:

4717 COUNTY ROAD 218 WEST
MIDDLEBURG, FL 32068

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1567
MIDDLEBURG, FL 32050

New Mailing Address:

FEI Number: 59-2916941

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: TP () Delete
Name: WALDRON, PATRICK,
Address: 4717 COUNTY ROAD 218 WEST
City-St-Zip: MIDDLEBURG, FL 32068

Title: SVP () Delete
Name: WALDRON, SEAN
Address: 4717 COUNTY ROAD 218 WEST
City-St-Zip: MIDDLEBURG, FL 32068

Title: V () Delete
Name: WALDRON, SHANE
Address: 4717 COUNTY ROAD 218 WEST
City-St-Zip: MIDDLEBURG, FL 32068

Title: D () Delete
Name: DAVIS, CHRISTINE
Address: 4717 COUNTY ROAD 218 WEST
City-St-Zip: MIDDLEBURG, FL 32068

Title: D () Delete
Name: FOX, TINA
Address: 1220 BEE ST NORTH
City-St-Zip: ORANGE PARK, FL 32065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

MR.

03/23/2009

Electronic Signature of Signing Officer or Director

Date