

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K46296

FILED
Apr 09, 2012
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:

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

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 B WALDRON

04/09/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: PATRICK B WALDRON

TP

04/09/2012

Electronic Signature of Signing Officer or Director

Date