2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000067810

1. Entity Name
WEE CARE CHILDCARE, INC.

Principal Place of Business	Mailing Address
2305 TOWLES STREET FORT MYERS, FL 33916	1027 ALLMAN AVENUE LEHIGH ACRES, FL 33971

DO NOT WRITE IN THIS SPACE

04102004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-1025201	Not Applicable

5. Certificate of Status Desired   ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DAVIS, MIRIAM
1027 ALLMAN AVENUE
LEHIGH ACRES, FL 33971

**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, 2004 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	HR000001 12175 04/14/04-80012-006 150.00

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	DAVIS, MIRIAM L
STREET ADDRESS	1027 ALLMAN AVENUE
CITY-ST-ZIP	LEHIGH ACRES, FL 33971
TITLE	VSTD
NAME	DAVIS, WILLIE E
STREET ADDRESS	1027 ALLMAN AVENUE
CITY-ST-ZIP	LEHIGH ACRES, FL 33971
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: _Miriam Davis_ / Miriam Davis   4/12/84   239-226-1533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #