


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # P00000067810 1. Entity Name WEE CARE CHILDCARE, INC.	
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Principal Place of Business 2305 TOWLES STREET FORT MYERS, FL 33916	Mailing Address 1027 ALLMAN AVENUE LEHIGH ACRES, FL 33971
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**DO NOT WRITE IN THIS SPACE**



04042008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1025201	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	U000000900383 04/29/08-80026-013 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVIS, MIRIAM L 1027 ALLMAN AVENUE LEHIGH ACRES, FL 33971
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD DAVIS, WILLIE E 1027 ALLMAN AVENUE LEHIGH ACRES, FL 33971
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, AMBEN 1027 ALLMAN AVENUE LEHIGH ACRES, FL 33971
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**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: Willie E Davis 4-14-08 28-337-1267  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #