

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 29, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000035954**



1. Entity Name

PETER PUMPKIN WEE CARE NURSERY AND  
KINDERGARTEN, INC.

Principal Place of Business

1671 W 15TH ST  
RIVIERA BEACH FL 33404

Mailing Address

1671 W 15TH ST  
RIVIERA BEACH FL 33404

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0748939**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALDERMAN, ELIZABETH  
1671 W 15TH ST  
RIVIERA BEACH FL 33404

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **ALDERMAN, ELIZABETH**  
STREET ADDRESS **1671 W 15TH ST**  
CITY - ST - ZIP **RIVIERA BEACH FL 33404**

TITLE **V** ☐ Delete  
NAME **ALDERMAN, CLYDE E SR**  
STREET ADDRESS **944 6TH ST W**  
CITY - ST - ZIP **RIVIERA BEACH FL 33404**

TITLE **S** ☐ Delete  
NAME **ALDERMAN, CLYDE E JR**  
STREET ADDRESS **P. O. BOX 9693 N/A**  
CITY - ST - ZIP **RIVIERA BEACH FL 33404**

TITLE **T** ☐ Delete  
NAME **ALDERMAN, VICKI A**  
STREET ADDRESS **2321 BRYNMAHR DR**  
CITY - ST - ZIP **TALLAHASSEE FL 32303**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **U00000019579**  
CITY - ST - ZIP **01/29/04-80031-002 158.75**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **Elizabeth Alderman**

*Elizabeth Alderman*

**1/26/2004**