

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 17, 2008 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
US

Mailing Address

944 6TH STREET WEST
RIVIERA BEACH FL 33404
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

State, Apt. #, etc.

State, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

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, 2008 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
NAME 00000035954
STREET ADDRESS 04/02/08-80042-006 150.00
CITY-STATE-ZIP

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

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

TITLE ☐ Delete
NAME ALDERMAN, CLYDE E JR
STREET ADDRESS P O BOX 9693
CITY-STATE-ZIP RIVIERA BEACH FL 33404

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Elizabeth Alderman* / Elizabeth Alderman

3/9/2008

(561) 848-4322

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

PHONE NUMBER