

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000035954

FILED
Feb 18, 2009
Secretary of State

Entity Name: PETER PUMPKIN WEE CARE NURSERY AND KINDERGARTEN, INC.

Current Principal Place of Business:

1671 W 15TH ST
RIVIERA BEACH, FL 33404 US

New Principal Place of Business:

Current Mailing Address:

944 6TH STREET WEST
RIVIERA BEACH, FL 33404 US

New Mailing Address:

1671 W 15TH ST
RIVIERA BEACH, FL 33404 US

FEI Number: 65-0748939

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

02/18/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ALDERMAN, ELIZABETH
Address: 1671 W 15TH ST
City-St-Zip: RIVIERA BEACH, FL 33404 US

Title: V () Delete
Name: ALDERMAN, CLYDE E SR
Address: 944 6TH ST W
City-St-Zip: RIVIERA BEACH, FL 33404 US

Title: S () Delete
Name: ALDERMAN, CLYDE E JR
Address: P O BOX 9693
City-St-Zip: RIVIERA BEACH, FL 33404 US

Title: T () Delete
Name: ALDERMAN, VICKI A
Address: 2321 BRYNMAHR DR
City-St-Zip: TALLAHASSEE, FL 32303 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: ALDERMAN, CLYDE E JR
Address: 5885 DEWBERRY WAY
City-St-Zip: WEST PALM BEACH, FL 33415 US

Title: T (X) Change () Addition
Name: ALDERMAN, VICKI A
Address: 944 WEST 6TH STREET
City-St-Zip: RIVIERA BEACH, FL 33404 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ELIZABETH W. ALDERMAN

D

02/18/2009

Electronic Signature of Signing Officer or Director

Date