

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000035954

FILED  
Feb 23, 2010  
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:**

1671 W 15TH ST  
RIVIERA BEACH, FL 33404 US

**New Mailing Address:**

**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 W  
1671 W 15TH ST  
RIVIERA BEACH, FL 33404 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

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

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

**Title:** S  
**Name:** ALDERMAN, CLYDE E JR  
**Address:** 5885 DEWBERRY WAY  
**City-St-Zip:** WEST PALM BEACH, FL 33415 US

**Title:** T  
**Name:** ALDERMAN, VICKI A  
**Address:** 944 WEST 6TH STREET  
**City-St-Zip:** RIVIERA BEACH, FL 33404 US

I hereby 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 all other like empowered.

**SIGNATURE:** ELIZABETH ALDERMAN

D

02/23/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date