

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000094749	
1. Entity Name WESTSIDE NURSERY-PRESCHOOL, INC. OF BAKER CO.	

Principal Place of Business MADISON & SHERMON ST. GLEN ST. MARY, FL 32040	Mailing Address PO BOX 820 GLEN ST. MARY, FL 32040
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DO NOT WRITE IN THIS SPACE



02272006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3540999	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ESKUCHEN, MARTHA S
14041 U.S. HIGHWAY ONE
JUNO BEACH, FL 33408**

**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 so the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRIGGERS, PEGGY L 22074 C R 127 N SANDERSON, FL 32087
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DRIGGERS, TIMOTHY H 22074 C R 127 N SANDERSON, FL 32087
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04/27/06-90082-003 158.75

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 changed, or on an attachment with an address, with all other like empowered.

Timothy H. Driggers 4.10.06
OWNER / ST