

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 04, 2007 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



03052007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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 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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000765841  
06/04/07-80007-005 158.75

**DO NOT WRITE  
IN THIS SPACE**

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

*Timothy H. Driggers*