

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000083749

**FILED**  
**Mar 09, 2005**  
**Secretary of State**

**Entity Name:** WEE CARE PRE-SCHOOL AND CHILD CARE CENTER, INC.

**Current Principal Place of Business:**

3130 MCMULLEN BOOTH RD.  
CLEARWATER, FL 337612025

**New Principal Place of Business:**

**Current Mailing Address:**

3130 MCMULLEN BOOTH RD.  
CLEARWATER, FL 337612025

**New Mailing Address:**

PO BOX 511  
OLDSMAR, FL 34677

**FEI Number:** 59-3598179

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COLA, NICK P CPA  
2759 STATE ROAD 580  
SUITE 211  
CLEARWATER, FL 33761 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: S ( ) Delete  
Name: ROBERGE, SHERRI A  
Address: 1746 SPLIT FORK DRIVE  
City-St-Zip: OLDSMAR, FL 34677

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: S (X) Change ( ) Addition  
Name: ROBERGE, SHERRI A  
Address: PO BOX 511  
City-St-Zip: OLDSMAR, FL 34677

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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:** SHERRI A. ROBERGE

MRS.

03/09/2005

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

\_\_\_\_\_  
Date