

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90097 004 ***150.00

DOCUMENT # F03969

1. Entity Name
BILL CHILDERS, INC.



Principal Place of Business
**3472 WEMS ROAD UNIT 1
TALLAHASSEE, FL 32317**

Mailing Address
**3472 WEMS ROAD UNIT 1
TALLAHASSEE, FL 32317**

50011497



2. Principal Place of Business

3. Mailing Address
3472 WEEMS ROAD UNIT 1

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01052005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
59-2031179

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHAMPION JR, EARNEST LAVAN
226 E 6TH AVE
TALLAHASSEE, FL 32303**

Name

Street Address (P.O. Box Number is Not Acceptable)
3472 WEEMS ROAD UNIT 1

City

FL

Zip Code
32317

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME CHAMPION JR, ERNEST LAVAN
STREET ADDRESS 1504 HICKORY AVENUE
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VSTD ☐ Delete
NAME CHILDERS, SAM
STREET ADDRESS 2005 E FOREST DR
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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.

SIGNATURE: *Sam Childers*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SAM CHILDERS

2/3/05

850/222-2281