

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 10, 2008 08:00 AM**  
**Secretary of State**

|                                                                                        |                                                                            |
|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| <b>DOCUMENT # F03969</b>                                                               |                                                                            |
| 1. Entity Name<br><b>CHILDERS CONSTRUCTION CO.</b>                                     |                                                                            |
| Principal Place of Business<br><b>3472 WEEMS ROAD UNIT 1<br/>TALLAHASSEE, FL 32317</b> | Mailing Address<br><b>3472 WEEMS ROAD UNIT 1<br/>TALLAHASSEE, FL 32317</b> |



01312008 No Chg-P CR2E034 (11/05)

|                                                                                                            |                               |
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| 4. FEI Number<br><b>59-2031179</b>                                                                         | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                               |

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| 6. Name and Address of Current Registered Agent<br><br><b>CHAMPION JR, ERNEST L<br/>3472 WEEMS ROAD UNIT 1<br/>TALLAHASSEE, FL 32317</b> |
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| 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: _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>                                                                                                              | DATE _____<br><small>(NOTE: Registered Agent signature required when reinstating)</small> |

|                                                                               |                                                                                                                            |
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| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b> |
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| 10. OFFICERS AND DIRECTORS                     |                                                                             |
|------------------------------------------------|-----------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>CHAMPION JR, ERNEST L<br>1504 HICKORY AVENUE<br>TALLAHASSEE, FL 32303 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VSTD<br>CHILDERS, SAM<br>2005 E FOREST DR<br>TALLAHASSEE, FL 32303          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                             |

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| 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. |                                                                          |
| SIGNATURE: _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Date <b>3-6-08</b><br><small>Daytime Phone # <b>850-222-2281</b></small> |