

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000070269

FILED
Apr 25, 2009
Secretary of State

Entity Name: CHILDRESS & ASSOCIATES INC

Current Principal Place of Business:

1744 SW PALERMO RD
PORT ST. LUCIE, FL 34987

New Principal Place of Business:

Current Mailing Address:

1744 SW PALERMO RD
PORT ST. LUCIE, FL 34987

New Mailing Address:

FEI Number: 02-0549807

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHILDRESS, ROSE
1744 SW PALERMO RD
PORT ST. LUCIE, FL 34987 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: P () Delete
Name: CHILDRESS, ROSE
Address: 1744 SW PALERMO RD
City-St-Zip: PORT ST. LUCIE, FL 34987

Title: V () Delete
Name: CHILDRESS, BRYAN
Address: 1744 SW PALERMO RD
City-St-Zip: PORT ST. LUCIE, FL 34987

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ROSE CHILDRESS

P

04/25/2009

Electronic Signature of Signing Officer or Director

Date