

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 683311

1. Entity Name
MATTHEW M. CHILDS, P.A.



Principal Place of Business
**215 S. MONROE STREET, SUITE 601
TALLAHASSEE, FL 32301**

Mailing Address
**215 S. MONROE STREET, SUITE 601
TALLAHASSEE, FL 32301**

FILED

04 JAN -7 PM 1:02

SECRETARY OF STATE
TALLAHASSEE, FL 32301



01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2023364

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CHILDS, MATTHEW M
215 S MONROE STREET, SUITE 601
TALLAHASSEE, FL 32301**

**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.

01/30/04--01003--001 **150.00

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, 2004 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
**PST
CHILDS, MATTHEW M.
215 S. MONROE ST #601
TALLAHASSEE, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CHILDS, MATTHEW M.
215 S. MONROE ST #601
TALLAHASSEE, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/30/04--01003--001 **150.00
700027901227
01/30/04--01003--001 **150.00

**DO NOT WRITE
IN THIS SPACE**

1/6/04 (850) 385 5272