


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Jan 28, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H77975</b>	
1. Entity Name <b>DON C. CHILDERS COMPANY, INC.</b>	

Principal Place of Business <b>1421 BRAMPTON COVE WELLINGTON FL 33414</b>	Mailing Address <b>1421 BRAMPTON COVE WELLINGTON FL 33414</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E034 (11/03)

4. FEI Number <b>59-1938100</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>CHILDERS, DONNELL C. 1421 BRAMPTON COVE WEST PALM BEACH FL 33414</b>		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PTD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHILDERS, DONNELL C.			NAME			
STREET ADDRESS	1421 BRAMPTON COVE			STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHILDERS, TIMOTHY C			NAME			
STREET ADDRESS	1421 BRAMPTON COVE			STREET ADDRESS			
CITY-ST-ZIP	WILLINGTON FL 33414			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLUMTHAL, LISA			NAME			
STREET ADDRESS	1421 BRAMPTON COVE			STREET ADDRESS			
CITY-ST-ZIP	WILLINGTON FL 33414			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHILDERS, CARL D			NAME			
STREET ADDRESS	1421 BRAMPTON COVE			STREET ADDRESS			
CITY-ST-ZIP	WILLINGTON FL 33414			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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:**  **DONNELL C. CHILDERS** 1-22-04 561-790-2373  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #