

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 14, 2006 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # J96928</b><br>1. Entity Name<br><b>BUD CHILDERS &amp; SONS, INC.</b> |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br>1142 OLD OKEECHOBEE RD., #7<br>W PALM BEACH FL 33401 | Mailing Address<br>1142 OLD OKEECHOBEE RD., #7<br>W PALM BEACH FL 33401 |
|---|---|



|   |   |
|---|---|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
|---|---|

1st MOORE      CR2E034 (10/05)

|                                  |                                  |
|----------------------------------|----------------------------------|
| City & State<br>Zip      Country | City & State<br>Zip      Country |
|----------------------------------|----------------------------------|

|   |  |
|---|--|
| 4. FEI Number<br><b>65-0012067</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |

|  |   |
|--|---|
| <b>6. Name and Address of Current Registered Agent</b><br><br>CHILDERS, ORIS<br>5300 BOSQUE LANE #35<br>WEST PALM BEACH FL 33415 | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

| 10. OFFICERS AND DIRECTORS |  |
|----------------------------|--|
| TITLE                      | PSD <input type="checkbox"/> Delete<br>CHILDERS, ORIS R.<br>5300 BOSQUE LN #35<br>W PALM BEACH FL        |
| TITLE                      | C <input type="checkbox"/> Delete<br>CHILDERS, ORIS R.<br>5300 BOSQUE LN #35<br>W PALM BEACH FL          |
| TITLE                      | TD <input type="checkbox"/> Delete<br>CHILDERS, MARK G.<br>5300 BOSQUE DR 35<br>WEST PALM BEACH FL 33415 |
| TITLE                      | <input type="checkbox"/> Delete  |
| TITLE                      | <input type="checkbox"/> Delete  |
| TITLE                      | <input type="checkbox"/> Delete  |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|---|--|
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Add |
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| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Add |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 empowerments.

SIGNATURE: *Chris Childers*      *[Signature]*      4-12-06      (561) 933-7130

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #