

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90047 029 ***150.00

DOCUMENT # K51023		
1. Entity Name CHILDRESS & CHARPENTIER, P.A.		

Principal Place of Business 2285 W. EAU GALLIE BLVD. MELBOURNE, FL 32935	Mailing Address 2285 W. EAU GALLIE BLVD. MELBOURNE, FL 32935
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94033322



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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03102004 Chg-P CR2E034 (10/03)

City & State	City & State
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4. FEI Number 59-2934179	Applied For Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHILDRESS, HUBERT C JR
110 TWIN RIVERS DRIVE
MERRITT ISLAND, FL 32952

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL 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 _____
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	D	☐ Delete
NAME	CHILDRESS, HUBERT C JR	
STREET ADDRESS	110 TWIN RIVERS DR	
CITY - ST - ZIP	MERRITT ISLAND, FL	

TITLE	D	☐ Delete
NAME	CHARPENTIER, STEPHEN G.	
STREET ADDRESS	3660 ROSEHAVEN PLACE	
CITY - ST - ZIP	TITUSVILLE, FL	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	1630 Sandpiper Street	
CITY - ST - ZIP	Merritt Island, FL 32952	

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		☐ Change ☐ Addition
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 I am empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/04 321-308-8020
Date Daytime Phone #