2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K51023

Address:

City-St-Zip:

1630 SANDPIPER STREET

MERRITT ISLAND, FL 32952

Entity Name: CHILDRESS & CHARPENTIER P.A.

FILED Jun 08, 2005 Secretary of State

Littly Na	IIIE. CHILDR	LOO & CHARFLINHER, F.A.			
Current Principal Place of Business:			New Principal Place of Business:		
	AU GALLIE B RNE, FL 3293				
Current Mailing Address:			New Mailing Address	::	
	AU GALLIE B RNE, FL 3293				
FEI Number	: 59-2934179	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of	Current Registered Agent:	Name and Address o	Name and Address of New Registered Agent:	
110 TWIN	SS, HUBERT RIVERS DRIV ISLAND, FL	/E			
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered Age	ent	Date	
		93(2)(b), F.S., the corporation did no	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D (CHILDRESS, I 110 TWIN RIV MERRITT ISLA	ERS DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	•) Delete R, STEPHEN, G.	Title: Name:	() Change () Addition	

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: HUBERT C CHILDRESS, JR PRES 06/08/2005