


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2008 8:00 am**  
**Secretary of State**

04-16-2008 90037 013 \*\*\*150.00

<b>DOCUMENT # P00000026313</b> 1. Entity Name <b>RAY CHILDERS AGENCY, INC.</b>					
Principal Place of Business <b>3280 TAMiami TR ST B</b> <b>PORT CHARLOTTE, FL 33952</b>			Mailing Address <b>519 BORDER STREET</b> <b>PORT CHARLOTTE, FL 33953</b>		
2. Principal Place of Business - No P.O. Box # <b>519 Border Street</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>Port Charlotte, FL</b>		City & State			
Zip <b>33953</b>		Country <b>USA</b>		4. FEI Number <b>65-0995111</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>CHILDERS, IRA RAY</b> <b>519 BORDER ST</b> <b>PORT CHARLOTTE, FL 33953</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CHILDERS, IRA RAY 519 BORDER ST PORT CHARLOTTE, FL 33953		TITLE NAME STREET ADDRESS CITY - ST - ZIP	V Alma m Childers 519 Border Street Port Charlotte, FL 33953	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 empowered.					
<b>SIGNATURE:</b> <u>Alma m Childers, VP</u> <u>4-12-08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					