## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P00000118034**1. Entity Name

DONALD G. CHILDS, P.A.



FILED Feb 19, 2007 08:00 AN Secretary of State

Principal Place of Business

983 NO. COLLIER BLVD. MARCO ISLAND, FL 34145 Mailing Address

P.O. BOX 109

MARCO ISLAND, FL 34146



## DO NOT WRITE IN THIS SPACE

01182007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3711566

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRENT, DEBRA P 501 GOODLETTE FRANK ROAD N SUITE D 100 NAPLES, FL 34102

## DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the pions of registered agent.	purpose of changing its registered	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	facellests (NOT 0 - 1)	A		
. ,	signature, typed or printed name of registered agent and title	r applicable, (NOTE: Hegistered	Agent signature	required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution.   \$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST CHILDS, DONALD G 983 N. COLLIER BLVD MARCO ISLAND, FL 34145				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•				U00000640855
TITLE NAME STREET ADDRESS CITY-ST-ZIP			02/28/07-80079-025 150.00  DO NOT WRITE IN THIS SPACE		
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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 gither like empowered.

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/07

(239) 394-3/66

Daytime Phone #