


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 8:00 am
Secretary of State


03-05-2004 90025 040 ***150.00

34025361

DOCUMENT # P02000016927 1. Entity Name CHILDERS INSURANCE AGENCY, INC					
Principal Place of Business 719 S PINELLAS AVE TARPON SPRINGS, FL 34689			Mailing Address 12604 2ND ISLE S HUDSON, FL 34667		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 719 S PINELLAS AVE Suite, Apt. #, etc.			
City & State Zip		City & State TARPON SPRINGS FL Zip 34689		4. FEI Number 80-0037122	
Country		Country PINELLAS		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHILDERS, JOAN M 12604 SECOND ISLE S HUDSON, FL 34667			7. Name and Address of New Registered Agent Name SALLY SHOEMAKER Street Address (P.O. Box Number is Not Acceptable) 26334 WHIRLAWAY TERR City WESLEY CHAPEL FL Zip Code 33544		
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 <u><i>Sally Shoemaker</i></u> DATE <u>1/27/2004</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHILDERS, JERRY R 12604 SECOND ISLE S HUDSON, FL 34667	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT SALLY SHOEMAKER 26334 WHIRLAWAY TERR WESLEY CHAPEL FL 33544	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHILDERS, JOAN M 12604 SECOND ISLE S HUDSON, FL 34667	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC TREAS RON SHOEMAKER 26334 WHIRLAWAY TERR WESLEY CHAPEL FL 33544	<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 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 like empowered.					
SIGNATURE: <u><i>Sally Shoemaker</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>1/27/2004</u> <u>813-949-2010</u> <small>Date Daytime Phone</small>		

Attachment 94025361

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Suite, Apt. #, etc.		Suite, Apt. #, etc.			
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Zip	Country	Zip	Country	01272004 Chg-P CR2E034 (10/03)	
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