## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## FILED Mar 05, 2004 8:00 am Secretary of State 03-05-2004 90025 040 \*\*\*150.00

DOCUMENT # P02000016927  1. Entity Name CHILDERS INSURANCE AGENCY, INC							- -	4	กมรายร		
Principal Plac 719 S PINEL TARPON SPR	LAS AVE		Mailing Address 12604 2ND ISLE S HUDSON, FL 34667	12604 2ND ISLE S			34025361				
2. Principal P	lace of Busin	ess	3. Mailing Address 719 S PINE								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01272004	Chg-P	CR2E034 (10/0	3)	
City & State			TARPON SPRINGS FL			FL	4. FEI Numb 80-003			Applied For Not Applicable	
Zip	Zip Country		Zip 34689	Country		rs .	5. Certificate	of Status Desired	S8.75 Additional -Fee Required		
	6. Name	and Address of Current	Registered Agent	gistered Agent Name			7. Name and Address of New Registered Agent				
CHILDERS, JOAN M 12604 SECOND ISLE S HUDSON, FL 34667					Street Address (P.O. Box Number is Not Acceptable)  26334 WHIRLAWAY TERI				HHER TERR		
				_ [	CITY WESLEY CHAPEL FL ZID CODE 44						
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, Type of 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 \$5.00 May Be Added to Fees											
TITLE	Р	OFFICERS AND	DIRECTORS Delete	11.		Pp	ESIDEN		CERS AND DIRECT		
NAME STREET ADDRESS CITY-ST-ZIP	CHILDER 12604 SE	S, JERRY R COND ISLE S , FL 34667	₩ Delete	name Stree		5AL	14 SHO	EMAKER HIRLAWA HAPEL	_ ,		
TITLE	V Chii Deb	e loan M	Delete	THILE	1	5€(	· TRF		☐ Chan		
NAME STREET ADDRESS CITY-ST-ZIP	12604 SE	S, JOAN M COND ISLE S , FL 34667		NAME STREET A CITY-ST			334 W ₹SLEV (	HIRLAWA	Y TERR	ะนน	
TITLE	V		Delete	a		July 1	###ED 1	Chan	ge Addition		
NAME STREET ADDRESS CITY-ST-ZIP	12604 SE	S, JOSEPH M COND ISLE S , FL 34667	`	4	T ADDRESS ST-ZIP						
TITLE NAME STREET ADDRESS	12604 SE	S, KEVIN S COND ISLE S	<b>⊠</b> Defele		TADORESS				☐ Chan	ge 🔲 Addilion	
CITY-ST-ZIP	HUDSON	, FL 34667	Delete	TITLE	ST-ZIP				☐ Chan	ge 🔲 Addition	
NAME STREET ADDRESS CITY-ST-ZIP				•	T ADDRESS ST-ZIP						
TITLE NAME STREET ADDRESS CITY - ST - ZIP			☐ Delete	CITY-	T ADDRESS ST - ZIP				☐ Chang		
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.											

## Attachment 94025361

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

r	ANNUAL	REPORT								
DOCUMENT # P02000016927										
1. Entity Nam CHILDER	RS INSURANCE AGENCY,									
Principal Plac	e of Rusiness	1 ~==								
719 S PINEL		Mailing Address 12604 2ND ISLE S								
	RINGS, FL 34689	HUDSON, FL 34667								
					110.00				ار فالكات	
2. Principal P	Place of Business	3. Mailing Address	Λ		4					
Suite, Apt.	# ete	719 S PINELLAS AVE					-	<u> </u>		
Suite, Api.	#, etc.	Suite, Apt. #, etc.			01272004	Chg-P	CR2E03	4 (10/03)		
City & Stat	е	TARPON SPK	21.10.0	F1	4. FEI Numbe			Ap	plied For	
Zip	Country	TITK PON SPK		/ _	80-0037	7122			t Applicable	
_ Zip	Country	34689	PINEUI	<del>4</del> S	5. Certificate of	of Status Desired		8.75 Add ee Required		
	6: Name and Address of Current	Registered Agent			7. Name and	Address of New F	legistered A	jent		
CHILDERS	S, JOAN M		Name	Name SALLY SHOEMAMER						
12604 SEC	COND ISLE S			Street Address (P.O. Box Number is Not Acceptable)						
HUDSON,	FL 34667		<u>~~</u>	4334	<del>I WITI</del>	RLAWAY	1610	<u> </u>	•	
			City /			<del> </del>		1 7: 00-4		
			1 W	<i>Esu</i>		APEL	FL	Zip Code 33.	544	
<b>8.</b> The above the obligat	named entity submits this statement for	or the purpose of changing its re	gistered office o	r registere	ed agent, or bott	n, in the State of Flo	orida. I am fa	miliar with,	and accept	
	Kall A	haemaker					1/20	Innes	ļ	
SIGNATURE. r	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: R	legistered Agent signa	ture required	when reinstating)		DATE	1000 1		
	<i>0</i>									
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.	9. Election Campaign Trust Fund Contrib		<b>\$5.</b> Adde	00 May Be ed to Fees					
			r			<del> </del>				
10.	OFFICERS AND	DIRECTORS Delete	11. TITLE	100	ES IDENT	CHANGES TO OFF		DIRECTORS  Change		
NAME	CHILDERS, JERRY R	₩ Delete	NAME	\\ \A_1	IN SHO	EMAKER	_	_ •	Addition	
STREET ADDRESS	12604 SECOND ISLE S		STREET ADDRESS	26	$334 \ \omega t$	tirunwa	Y TEE			
CITY-ST-ZIP	HUDSON, FL 34667	<u> </u>	CITY-ST-ZIP	I		HAPEL I		3544		
TITLE NAME	CHILDERS, JOAN M	Delete	title Name	3E0	<b>う く</b> ょっき	MANGE		☐ Change	Addition	
STREET ADDRESS	12604 SECOND ISLE S		STREET ADDRESS		334 WI	HIRNAWA	y TER	LR		
CITY-ST-ZIP	HUDSON, FL 34667		CITY-ST-ZIP		suey (	HAPEL	FL	3354	44	
ITTLE NAME	CHILDERS, JOSEPH M	₩ Delete	NAME				تستستنيه محته	Change	🔲 Addition	
STREET ADDRESS	12604 SECOND ISLE S		STREET ADDRESS							
CITY-ST-ZIP	HUDSON, FL 34667		CITY-ST-ZIP							
TITLE	V V	🔀 Delete	TITLE					☐ Change	Addition	
NAME STREET ADORESS	CHILDERS, KEVIN S 12604 SECOND ISLE S		NAME STREET ADDRESS							
CITY-ST-ZIP	HUDSON, FL 34667		CITY-ST-ZIP							
TITLE		☐ Delete	TITLE					☐ Change	Addition	
NAME STREET ADDRESS			NAME CIDELL ADDDDESS							
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		•					
TITLE		☐ Delete	TITLE	<b></b>				☐ Change	Addition	
NAME			NAME							
STREET ADDRESS CITY-ST-ZIP			STREET ADORESS CITY-ST-ZIP							
12. Thereby	L certify that the information supplied wit	h this filing does not qualify for th	e exemption sta	ted in Sec	ction 119.07/3\/i	), Florida Statutes	I further certif	v that the ir	nformation	
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.										
SIGNAT	URE:	Mumah	u		1/21	lau4	813-9	49-2	010	
1	SIGNATURE AND TYPEDOR	PRINTED NAME OF SIGNING OFFICER OR	DIRECTOR		<del>//</del>	Data		Nine Dhana I	<u> </u>	