

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90573 050 \*\*\*150.00

**DOCUMENT # P02000016927**

1. Entity Name  
**CHILDERS INSURANCE AGENCY, INC**



Principal Place of Business  
**719 S PINELLAS AVE  
TARPON SPRINGS, FL 34689**

Mailing Address  
**719 S PINELLAS AVE.  
TARPON SPRINGS, FL 34689**



04142005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**80-0037122**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**SHOEMAKER, SALLY  
26334 WHIRLAWAY TERRACE  
ZEPHYRHILLS, FL 33544**

**DO NOT WRITE  
IN THIS SPACE**

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 obligation of registered agent.

SIGNATURE *Sally Shoemaker*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/14/05  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	SHOEMAKER, SALLY
STREET ADDRESS	26334 WHIRLAWAY TERRACE
CITY-ST-ZIP	ZEPHYRHILLS, FL 33544
TITLE	ST
NAME	SHOEMAKER, RON
STREET ADDRESS	26334 WHIRLAWAY TERRACE
CITY-ST-ZIP	ZEPHYRHILLS, FL 33544
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: *Sally Shoemaker* SALLY SHOEMAKER

4/14/05  
Date

813-949-2010  
Daytime Phone #