

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000016927

FILED
Jun 18, 2007
Secretary of State

Entity Name: CHILDERS INSURANCE AGENCY, INC

Current Principal Place of Business:

719 S PINELLAS AVE
TARPON SPRINGS, FL 34689

New Principal Place of Business:

Current Mailing Address:

719 S PINELLAS AVE.
TARPON SPRINGS, FL 34689

New Mailing Address:

PO BOX 14252
BRADENTON, FL 34280

FEI Number: 80-0037122

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHOEMAKER, SALLY
26334 WHIRLAWAY TERRACE
ZEPHYRHILLS, FL 33544 US

Name and Address of New Registered Agent:

CHRISTY, LINDA
415 65TH ST CT NW
BRADENTON, FL 34209 US

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.

SIGNATURE: LINDA CHRISTY

06/18/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SHOEMAKER, SALLY
Address: 26334 WHIRLAWAY TERRACE
City-St-Zip: ZEPHYRHILLS, FL 33544

Title: ST () Delete
Name: SHOEMAKER, RON
Address: 26334 WHIRLAWAY TERRACE
City-St-Zip: ZEPHYRHILLS, FL 33544

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CHRISTY, LINDA
Address: 415 65TH ST CT NW
City-St-Zip: BRADENTON, FL 34209

Title: ST (X) Change () Addition
Name: CHRISTY, KEN
Address: 415 65TH ST CT NW
City-St-Zip: BRADENTON, FL 34209

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEN CHRISTY

ST

06/18/2007

Electronic Signature of Signing Officer or Director

Date