

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90169 028 \*\*\*150.00

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|   |   |   |   |   |  |
|---|---|---|---|---|--|
| <b>DOCUMENT # P02000022104</b><br>1. Entity Name<br><b>CHILDERS AND SON, INC.</b>   |   |   |   |   |  |
| Principal Place of Business<br><b>1762 OAK GROVE DR<br/>GREEN COVE SPRINGS, FL 32043</b>  |   |   | Mailing Address<br><b>1762 OAK GROVE DR<br/>GREEN COVE SPRINGS, FL 32043</b>  |   |  |
| 2. Principal Place of Business  |   | 3. Mailing Address  |   |   |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.   |   |   |  |
| City & State  |   | City & State  |   |   |  |
| Zip   | Country   | Zip   | Country   | 02212005    Chg-P    CR2E034 (10/03)                              |  |
| 4. FEI Number<br><b>01-0649702</b>  |   |   |   | Applied For<br><input type="checkbox"/> Not Applicable            |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   |   |   | <b>\$8.75 Additional<br/>Fee Required</b>                         |  |
| 6. Name and Address of Current Registered Agent   |   |   | 7. Name and Address of New Registered Agent   |   |  |
| <b>CHILDERS, ROY KEITH<br/>1762 OAK GROVE DR.<br/>GREEN COVE SPRINGS, FL 32043</b>  |   |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="text-align: right;"> <b>FL</b>    Zip Code       </div> |   |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____  |   |   |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>   |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be<br/>Added to Fees</b>                            |  |
| 10. OFFICERS AND DIRECTORS  |   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |  |
| TITLE   | D<br><b>CHILDERS, ROY KEITH</b> <input type="checkbox"/> Delete |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME  | <b>1762 OAK GROVE DR</b>  |   | NAME  |   |  |
| STREET ADDRESS  | <b>1762 OAK GROVE DR</b>  |   | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   | <b>GREEN COVE SPRINGS, FL 32043</b>                             |   | CITY-ST-ZIP   |   |  |
| TITLE   | <input type="checkbox"/> Delete                                 |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME  |   |   | NAME  |   |  |
| STREET ADDRESS  |   |   | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   |   |   | CITY-ST-ZIP   |   |  |
| TITLE   | <input type="checkbox"/> Delete                                 |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME  |   |   | NAME  |   |  |
| STREET ADDRESS  |   |   | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   |   |   | CITY-ST-ZIP   |   |  |
| TITLE   | <input type="checkbox"/> Delete                                 |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME  |   |   | NAME  |   |  |
| STREET ADDRESS  |   |   | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   |   |   | CITY-ST-ZIP   |   |  |
| TITLE   | <input type="checkbox"/> Delete                                 |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME  |   |   | NAME  |   |  |
| STREET ADDRESS  |   |   | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   |   |   | CITY-ST-ZIP   |   |  |
| 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. |   |   |   |   |  |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   |   | Date <b>4-24-05</b> Daytime Phone # <b>904-545-2111</b>   |   |  |