


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 11, 2006 8:00 am**  
**Secretary of State**

07-11-2006 90024 049 \*\*\*150.00

<b>DOCUMENT # P03000008208</b> 1. Entity Name <b>CHILDERS ROOFING &amp; SHEET METAL, INC.</b>		
Principal Place of Business <b>115 32 AVE S JACKSONVILLE, FL 32250</b>		Mailing Address <b>115 32 AVE S JACKSONVILLE, FL 32250</b>
2. Principal Place of Business <b>10416-196 New Berlin Rd.</b>	3. Mailing Address <b>10416-196 New Berlin Rd.</b>	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State <b>Jacksonville FL</b>	City & State <b>Jacksonville, FL</b>	4. FEI Number <b>43-1992667</b>
Zip <b>32226</b>	Country <b>US</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GLAZIER &amp; GLAZIER, P.A. 8825 PERIMETER PARK BLVD STE 504 JACKSONVILLE, FL 32216</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>
TITLE <b>D</b>	NAME <b>CHILDERS, BEN H III</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>115 32 AVE S</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP <b>JACKSONVILLE, FL 32250</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		

*BR 7-11-06*  
**40098602**



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