


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90197 009 ***150.00

DOCUMENT # P03000098912

1. Entity Name
 CHILDERS LAWN & LANDSCAPE MAINTENANCE INC.



Principal Place of Business
 4144 53RD AVE WEST
 908
 BRADENTON, FL 34210 US

Mailing Address
 4144 53RD AVE WEST
 908
 BRADENTON, FL 34210 US

2. Principal Place of Business
 4512 20th Ave. W.
 Suite, Apt. #, etc.

3. Mailing Address
 4512 20th Ave. W.
 Suite, Apt. #, etc.



04262004 - Chg-P CR2E034 (10/03)

City & State
 Bradenton, FL

City & State
 Bradenton, FL

Zip 34209 Country USA

Zip 34209 Country USA

4. FEI Number
 594528134

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 CHILDERS, SHAWN
 4144 53RD AVENUE WEST
 908
 BRADENTON, FL 34210

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
 4512 20th Ave W.

City Bradenton FL Zip Code 34209

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
P	CHILDERS, SHAWN	4144 53RD AVENUE WEST #908	BRADENTON, FL 34210	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		4512 20th Ave W.	Bradenton FL 34209	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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: Shawn Childers 4/28/04 (941) 720-1981

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #