

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000014534

Entity Name: CHILDS & CHILDS, P.A.

FILED  
Jan 08, 2007  
Secretary of State

## Current Principal Place of Business:

225 BANYAN BLVD.  
200  
NAPLES, FL 34102 US

## New Principal Place of Business:

## Current Mailing Address:

225 BANYAN BLVD.  
200  
NAPLES, FL 34102 US

## New Mailing Address:

FEI Number: 65-0645545

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHILDS, BRIAN DDS  
2744 BUCKHORN WAY  
NAPLES, FL 34105 US

## Name and Address of New Registered Agent:

CHILDS, BRIAN DDS  
2744 BUCKTHORN WAY  
NAPLES, FL 34105 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:

01/08/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PT ( ) Delete  
Name: CHILDS, BRIAN G DDS  
Address: 2744 BUCKHORN WAY  
City-St-Zip: NAPLES, FL 34105

Title: VS ( ) Delete  
Name: CHILDS, JANET S DDS  
Address: 2744 BUCKHORN WAY  
City-St-Zip: NAPLES, FL 34105

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change ( ) Addition  
Name: CHILDS, BRIAN G DDS  
Address: 2744 BUCKTHORN WAY  
City-St-Zip: NAPLES, FL 34105

Title: VS (X) Change ( ) Addition  
Name: CHILDS, JANET S DDS  
Address: 2744 BUCKTHORN WAY  
City-St-Zip: NAPLES, FL 34105

I hereby certify that the information supplied with this filing does not qualify for the 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: BRIAN G CHILDS DDS

PT

01/08/2007

Electronic Signature of Signing Officer or Director

Date