

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90064 037 ***150.00

DOCUMENT # P96000014534

1. Entity Name
CHILDS & CHILDS, P.A.



Principal Place of Business
**225 BANYAN BLVD.
200
NAPLES, FL 34102 US**

Mailing Address
**225 BANYAN BLVD.
200
NAPLES, FL 34102 US**

400000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01082008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
65-0645545

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

15 Sabre Lane

City

Naples

FL

Zip Code

34102

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PT
CHILDS, BRIAN G DDS
2744 BUCKTHORN WAY
NAPLES, FL 34105**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**15 Sabre Lane
Naples, FL 34102**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VS
CHILDS, JANET S DDS
2744 BUCKTHORN WAY
NAPLES, FL 34105**

☐ Delete

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**15 Sabre Lane
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☒ Change ☐ Addition

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☐ Change ☐ 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.

SIGNATURE:

Janet S. Childs **Janet S. Childs**

1-8-08

(239) 2628200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #