


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90338 047 ***150.00

DOCUMENT # P98000083290	
1. Entity Name CHILDRESS COMPANIES, INC.	

Principal Place of Business 4410 W SOUTH AVENUE TAMPA FL 33614	Mailing Address 4410 W SOUTH AVENUE TAMPA FL 33614
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2. Principal Place of Business 8402 SABAL INDUSTRIAL BLVD, SUITE B TAMPA FL	3. Mailing Address SAME
Suite, Apt. #, etc. SUITE B	Suite, Apt. #, etc.
City & State TAMPA FL	City & State
Zip 33619	Country USA



1st MOORE CR2E034 (10/04)

4. FEI Number 59-3531809		Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHILDRESS, ROBERT 4410 W SOUTH AVENUE TAMPA FL 33614		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8402 SABAL INDUSTRIAL BLVD. SUITE B TAMPA FL 33619	

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.

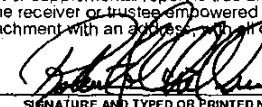
SIGNATURE  DATE **4-8-05**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHILDRESS, ROBERT 4410 W SOUTH AVENUE TAMPA FL 33614 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHILDRESS, ROBERT 8402 SABAL INDUSTRIAL BLVD. SUITE B TAMPA, FL 33619 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 another like empowered.

SIGNATURE:  DATE **4-8-05** (813) 857-1861

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR