2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 13, 2008 8:00 am
Secretary of State

05-13-2008 90015 037 ***150.00

DOCUMENT # **P98000083290**

1. Entity Name

CHILDRESS COMPANIES, INC.

Principal Place of Business	Mailing Address
8402 SABAL INDUSTRIAL BLVD SUITE B TAMPA FL 33619	8402 SABAL INDUSTRIAL BLVD SUITE B TAMPA FL 33619

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
4422 N. Church Ave.		4422 N. Church Ave.	
Suite, Apt. #, etc.: Suite A		Suite, Apt. #, etc.: Suite A	
City & State: Tampa, FL		City & State: Tampa, FL	
Zip: 33614	Country: USA	Zip: 33614	Country: USA

4. FEI Number 59-3531809 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CHILDRESS, LYNN
8402 SABAL INDUSTRIAL BLVD.
SUITE B
TAMPA FL 33619

7. Name and Address of New Registered Agent

Name: Same as block 6
Street Address (P.O. Box Number is Not Acceptable): 4422 N. Church Ave.
Suite A
City: Tampa FL Zip Code: 33614

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
Make Check Payable to Florida Department of State

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	D CHILDRESS, LYNN 5402 SABAL INDUSTRIAL BLVD., STE B TAMPA FL 33619	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Same as block 10 4422 N. Church Ave., Suite A Tampa, FL 33614	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Lynn Childress / LYNN Childress 4-25-08 (813)857-1871
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #