


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-11-2008 90051 021 ***150.00

DOCUMENT # S17902 1. Entity Name CHILDERS COMMERCIAL PROPERTIES, INC.					
Principal Place of Business 1301 RIVERPLACE BLVD STE 2101 JACKSONVILLE, FL 32207 US			Mailing Address 1301 RIVERPLACE BLVD. SUITE 2114 JACKSONVILLE, FL 32207 US		
2. Principal Place of Business - No P.O. Box # 1301 Riverplace Blvd Suite, Apt. #, etc. Suite 2114 City & State Jacksonville, FL Zip 32207		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 59-3039990		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CHILDERS, CATHERINE 1301 RIVERPLACE BLVD. #2101 JACKSONVILLE, FL 32207			7. Name and Address of New Registered Agent Name Catherine Childers Street Address (P.O. Box Number is Not Acceptable) 1301 Riverplace Blvd Suite 2114 City Jacksonville FL Zip Code 32207		
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, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PST CHILDERS, CATHERINE <input type="checkbox"/> Delete 1301 RIVERPLACE BLD, STE 2101 2114 JACKSONVILLE, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 fee empowered.					
SIGNATURE: _____ 2/6/08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____					