


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 31, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 365687</b> 1. Entity Name EARL G. CHILDS, INC.	
--------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business 10169 WEST TOM MASON DRIVE CRYSTAL RIVER FL 34428 US	Mailing Address 10169 WEST TOM MASON DRIVE CRYSTAL RIVER FL 34428 US
-------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------



2. Principal Place of Business - No P.O. Box #	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip
		Country

1st MOORE      CR2E034 (10/06)

4. FEI Number <b>59-1294663</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>CHILDS JR, EARL G</b> <b>10169 W TOM MASON DR</b> <b>CRYSTAL RIVER FL 32629</b>	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____
-------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------

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, 2007 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	PD CHILDS JR, EARL G <input type="checkbox"/> Delete 10169 W TOM MASON DR CRYSTAL RIVER FL	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add U00000612363 02/02/07-80104-004 150.00
STREET ADDRESS CITY ST ZIP		STREET ADDRESS CITY ST ZIP	
TITLE NAME	SD CHILDS, CYNTHIA A <input type="checkbox"/> Delete 10169 W TOM MASON DR CRYSTAL RIVER FL	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS CITY ST ZIP		STREET ADDRESS CITY ST ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS CITY ST ZIP		STREET ADDRESS CITY ST ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS CITY ST ZIP		STREET ADDRESS CITY ST ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS CITY ST ZIP		STREET ADDRESS CITY ST ZIP	

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: Earl G. Childs, Jr. Earl G. Childs**      352 795 930  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      1-29-07  
Daytime Phone #