


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # K04487
1. Entity Name
CHANCELLOR SERVICES, INC.



Principal Place of Business: **13052 COMPTON ROAD
LOXAHATCHEE, FL 33470**
Mailing Address: **13052 COMPTON ROAD
LOXAHATCHEE, FL 33470**

DO NOT WRITE IN THIS SPACE



04182005 No Chg-P CR2E034 (10/03)

4. FEI Number: **65-0016051** Applied For: Not Applicable:
5. Certificate of Status Desired: **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**CHANCELLOR, BILLY L.
13052 COMPTON ROAD
LOXAHATCHEE, FL 33470**

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CHANCELLOR, BILLY L.
STREET ADDRESS	13052 COMPTON ROAD
CITY-ST-ZIP	LOXAHATCHEE, FL
TITLE	SD
NAME	CHANCELLOR KIM
STREET ADDRESS	13052 COMPTON ROAD
CITY-ST-ZIP	LOXAHATCHEE, FL
TITLE	D
NAME	CHANCELLOR, RYAN
STREET ADDRESS	13052 COMPTON ROAD
CITY-ST-ZIP	LOXAHATCHEE, FL 33470
TITLE	D
NAME	CHANCELLOR, TODD
STREET ADDRESS	13052 COMPTON ROAD
CITY-ST-ZIP	LOXAHATCHEE, FL 33470
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Billy Chancellor **Billy Chancellor** 4/25/05 561-795-3214
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #