


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K04487</b> 1. Entity Name CHANCELLOR SERVICES, INC.	
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Principal Place of Business 13052 COMPTON ROAD LOXAHATCHEE, FL 33470	Mailing Address 13052 COMPTON ROAD LOXAHATCHEE, FL 33470
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DO NOT WRITE IN THIS SPACE

04142008    No Chg-P    CR2E034 (11/05)

4. FEI Number 65-0016051	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

CHANCELLOR, BILLY L. 13052 COMPTON ROAD LOXAHATCHEE, FL 33470	<p style="font-size: 24px; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U00000935229 05/23/08 80065-001 150.00
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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	

DO NOT WRITE  
IN THIS SPACE

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 I am empowered.

SIGNATURE: \_\_\_\_\_    Date: 4-25-08    Daytime Phone #: 813-795-3014  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR