

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000112388

Entity Name: CHANCELL CORPORATION

FILED  
Jul 06, 2007  
Secretary of State

**Current Principal Place of Business:**

452 OSCEOLA STREET SUITE 105  
ALTAMONTE SPRINGS, FL 32701

**New Principal Place of Business:**

452 OSCEOLA STREET  
SUITE 105  
ALTAMONTE SPRINGS, FL 32701

**Current Mailing Address:**

452 OSCEOLA STREET SUITE 105  
ALTAMONTE SPRINGS, FL 32701

**New Mailing Address:**

452 OSCEOLA STREET  
SUITE 105  
ALTAMONTE SPRINGS, FL 32701

FEI Number: 42-1733020

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GARCIA, JOHN J  
555 WEST SPRINGTREE WAY  
LAKE MARY, FL 32746 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P ( ) Change (X) Addition  
Name: GARCIA, JOHN J P  
Address: 452 OSCEOLA STREET, SUITE 105  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN J. GARCIA

P

07/06/2007

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date