

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 08:00 AM
Secretary of State

DOCUMENT # 357400

1. Entity Name
CHANDLER EQUIPMENT CO INC



Principal Place of Business
**507 S 33 STREET
FT PIERCE, FL 34947**

Mailing Address
**507 S 33 STREET
FT PIERCE, FL 34947**



01102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FCI Number
59-1278995

Applied For	
Not Applicable	

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PAULINE E. CHANDLER
507 S 33RD ST
FORT PIERCE, FL 34947**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when "on-stating")

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**

**U000000268664
03/18/05-80051-005 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CHANDLER, PAULINE E
STREET ADDRESS	507 SOUTH 33RD ST
CITY- ST- ZIP	FT PIERCE, FL
TITLE	VD
NAME	CHANDLER, DANIEL W
STREET ADDRESS	507 S 33RD ST.
CITY- ST- ZIP	FT PIERCE, FL
TITLE	VD
NAME	CHANDLER, ERNEST S
STREET ADDRESS	605 SOUTH 33RD ST
CITY- ST- ZIP	FT PIERCE, FL
TITLE	STD
NAME	GRAY, PATRICIA L
STREET ADDRESS	507 S 33RD ST
CITY- ST- ZIP	FT PIERCE, FL
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 exemption stated in Section 119.07(3)(c), 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

Patricia L. Gray **PATRICIA L. GRAY** 3/16/05 772-461-6605

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #