

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 09, 2008 08:00 A**  
**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**



02252008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI 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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000887420  
04/21/08-80019-017 150.00

**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 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 like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Patricia L. Gray*  
**PATRICIA L. GRAY**

*4/7/08 772-461-6604*