


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 08:00 A
Secretary of State

DOCUMENT # 536961 1. Entity Name CHALLIS MARSHALL, INC.	
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Principal Place of Business 600 3RD ST SW WINTER HAVEN, FL 33880 US	Mailing Address PO BOX 801 WINTER HAVEN, FL 33882 US
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DO NOT WRITE IN THIS SPACE



01222007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1746779	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MARSHALL, CHALLIS G.
600 3RD STREET S.W.
WINTER HAVEN, FL 33880**

**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 fee filer (if applicable) (NOTE: Registered Agent signature required when changing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MARSHALL, CHALLIS G. 265 LAKE LINK RD SE WINTER HAVEN FL,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MARSHALL, MARY K. 265 LAKE LINK RD SE WINTER HAVEN FL,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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IN THIS SPACE**

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02/20/07-80028-007 150.00

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 *Challis Marshall* *President 2-8-07* *863-294-4256*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #