2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 638362

1. Entity Name
CHANDLER PROPERTIES, INC.

Principal Place of Business	Mailing Address
1636 N. MONROE STREET TALLAHASSEE, FL 32303 US	P.O. BOX 1458 TALLAHASSEE, FL 32302 US

DO NOT WRITE IN THIS SPACE

01242006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-1938995	Not Applicable

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

6. Name and Address of Current Registered Agent

CHANDLER, GILBERT S., JR
1636 NORTH MONROE STREET
TALLAHASSEE, FL 32303

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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
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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution.   ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	CHANDLER, GILBERT S JR
STREET ADDRESS	2004 WINTHROP WAY
CITY-ST-ZIP	TALLAHASSEE, FL 00000,
TITLE	VD
NAME	CHANDLER, BEULAH M
STREET ADDRESS	2004 WINTHROP WAY
CITY-ST-ZIP	TALLAHASSEE, FL 00000,
TITLE	D
NAME	CHANDLER, GILBERT S III
STREET ADDRESS	3161 OVERLOOK DRIVE
CITY-ST-ZIP	GAINESVILLE, GA
TITLE	STD
NAME	WEEKS, VIRGINIA K.
STREET ADDRESS	111 N. RANGE
CITY-ST-ZIP	MADISON, 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.

(President)

SIGNATURE: *Gilbert S. Chandler Jr.*   Gilbert S. Chandler, Jr.   850-224-6183
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #