


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # 638362 1. Entity Name CHANDLER PROPERTIES, INC.	
--	---

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



01082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1938995	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

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

U00000616332
02/07/07-80023-016 150.00

**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: Beulah M. Chandler Vice President
Beulah M. Chandler 1-25-07 850-224-6183
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #