

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # 695854

1. Entity Name
CHAMBLISS TRUST AND COMPANY



Principal Place of Business
**6135 LYONS RD.
COCONUT CREEK, FL 33073**

Mailing Address
**30 NW 128TH AVE
PLANTATION, FL 33325**



01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2111029

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**CHAMBLISS, BENTON W
30 N.W. 128TH AVE.
PLANTATION, FL 33325**

**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, 2004 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 CHAMBLISS, BENTON
STREET ADDRESS 30 N.W. 128TH AVE.
CITY-ST-ZIP PLANTATION, FL 33325

TITLE VD
NAME CHAMBLISS, JOE A.
STREET ADDRESS 201 NW 127TH AVE
CITY-ST-ZIP PLANTATION, FL 33325

TITLE STD
NAME CHAMBLISS, BRENDA W.
STREET ADDRESS 30 N.W. 128TH AVE.
CITY-ST-ZIP PLANTATION, FL 33325

TITLE V
NAME MITCHELL, JOHN A
STREET ADDRESS 70 NW 128TH AVE.
CITY-ST-ZIP PLANTATION, FL 33325

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000128816
04/26/04-80054-003 150.00

**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)(i), 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: BENTON W CHAMBLISS *Benton W Chambliss* 4/21/04 954-608-0311

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #