

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 695854

FILED
Feb 08, 2008
Secretary of State

Entity Name: CHAMBLISS TRUST AND COMPANY

Current Principal Place of Business:

6135 LYONS RD.
COCONUT CREEK, FL 33073

New Principal Place of Business:

Current Mailing Address:

30 NW 128TH AVE
PLANTATION, FL 33325

New Mailing Address:

6135 LYONS RD.
COCONUT CREEK, FL 33073

FEI Number: 59-2111029

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CHAMBLISS, BENTON W.,
Address: 30 N.W. 128TH AVE.
City-St-Zip: PLANTATION, FL 33325

Title: VD () Delete
Name: CHAMBLISS, JOE A.,
Address: 201 NW 127TH AVE
City-St-Zip: PLANTATION, FL 33325

Title: STD () Delete
Name: CHAMBLISS, BRENDA W.,
Address: 30 N.W. 128TH AVE.
City-St-Zip: PLANTATION, FL 33325

Title: V (X) Delete
Name: MITCHELL, JOHN A
Address: 70 NW 128TH AVE.
City-St-Zip: PLANTATION, FL 33325

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BENTON W. CHAMBLISS

PD

02/08/2008

Electronic Signature of Signing Officer or Director

_____ Date