

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G32063

FILED
Mar 16, 2009
Secretary of State

Entity Name: CHANDLER, LANG, HASWELL & COLE, P.A.

Current Principal Place of Business:

726 NE 1ST STREET
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

PO BOX 23879
GAINESVILLE, FL 32602

New Mailing Address:

FEI Number: 59-2271344

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HASWELL, JOHN H
726 NE 1ST STREET
GAINESVILLE, FL 32601 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: LANG, JAMES F.,
Address: 3033 SW 98TH WAY
City-St-Zip: GAINESVILLE, FL 32608

Title: MDVS () Delete
Name: HASWELL, JOHN H.,
Address: 3638 N.W. 110TH TERRACE
City-St-Zip: GAINESVILLE, FL 32606

Title: D (X) Delete
Name: COLE, CLARENCE W
Address: 1725 SW 112TH STREET
City-St-Zip: GAINESVILLE, FL 32607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PMD (X) Change () Addition
Name: HASWELL, JOHN H.,
Address: 3638 N W 110TH TERRACE
City-St-Zip: GAINESVILLE, FL 32606

Title: DS (X) Change () Addition
Name: COLE, C. WHARTON,
Address: 1725 SW 112TH STREET
City-St-Zip: GAINESVILLE, FL 32607

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: JOHN H. HASWELL

PMD

03/16/2009

Electronic Signature of Signing Officer or Director

Date