

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G68442

FILED
May 02, 2005
Secretary of State

Entity Name: CHANCELLOR INSURANCE INC.

Current Principal Place of Business:

6455 GATEWAY AVE.
SARASOTA, FL 342312918

New Principal Place of Business:

2268 GULF GATE DRIVE
SARASOTA, FL 34231

Current Mailing Address:

6455 GATEWAY AVE.
SARASOTA, FL 342312918

New Mailing Address:

2268 GULF GATE DRIVE
SARASOTA, FL 34231

FEI Number: 59-2432920

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCLELLAN, RODNEY E.
6455 GATEWAY AVE.
SARASOTA, FL 34231 US

Name and Address of New Registered Agent:

MEADOWS, DAVID E
2268 GULF GATE DRIVE
SARASOTA, FL 34231 US

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: DAVID E MEADOWS

05/02/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P (X) Delete
Name: MCCLELLAN, RODNEY,
Address: 15120 3RD DR EAST
City-St-Zip: BRADENTON, FL 34212

Title: SVP () Delete
Name: MEADOWS, DAVID,
Address: 2450 BRIDGEWATER
City-St-Zip: SARASOTA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SVP (X) Change () Addition
Name: MEADOWS, DAVID,
Address: 2450 BRIDGEWATER
City-St-Zip: SARASOTA, FL 34231

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DAVID E MEADOWS

SVP

05/02/2005

Electronic Signature of Signing Officer or Director

Date