


2008 FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 10, 2008 08:00 A
Secretary of State

DOCUMENT # J03571
 1. Entry Name
 CHANCIE'S PACKAGE & TAVERN, INC.



Principal Place of Business: 9401 NORTH DAVIS HIGHWAY, PENSACOLA, FL 32514
 Mailing Address: 9401 NORTH DAVIS HIGHWAY, PENSACOLA, FL 32514

DO NOT WRITE IN THIS SPACE



01112008 No Chg-P CR2E034 (11/05)
 4. FEI Number: 59-2643564 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MACE, WILLIAM DALE
 9401 N DAVIS HWY
 PENSACOLA, FL 32514

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: _____ DATE: _____
Signature typed or printed name of registered agent and filer's corporate name. (NOTE: Registered Agent signature required when reissuing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	MACE, WILLIAM DALE
STREET ADDRESS	9401 N DAVIS HWY
CITY-STATE-ZIP	PENSACOLA, FL 32514
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

000000853188
 03/26/08-80057-023 150.00

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:  **CMAN288** 850-474-4708
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR One Daytime Phone #

William Dale Mace