

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 15, 2008 08:00 A
Secretary of State

DOCUMENT # J81001

1. Entity Name

J. CHANDLER, GENERAL CONTRACTORS, INC.



Principal Place of Business

2901-B EAST CERVANTES ST.
PENSACOLA, FL 32503 US

Mailing Address

P. O. BOX 30299
PENSACOLA, FL 32503 US



01032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2814865

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHANDLER, JAMES W
3355 BROOKSHIRE DR
PENSACOLA, FL 32504

**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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000785239
01/16/08-80087-016 150.00

10. OFFICERS AND DIRECTORS

TITLE	PCD
NAME	CHANDLER, JAMES W
STREET ADDRESS	3355 BROOKSHIRE DR
CITY-ST-ZIP	PENSACOLA, FL 32504
TITLE	TSD
NAME	CHANDLER, CAROL A
STREET ADDRESS	3355 BROOKSHIRE DR
CITY-ST-ZIP	PENSACOLA, FL 32504
TITLE	V
NAME	CHANDLER, LEWIS S
STREET ADDRESS	8565 BELLE MEADOW BLVD
CITY-ST-ZIP	PENSACOLA, FL 32514
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Carol Ann Chandler Carol Ann Chandler 1/3/2008 8504690175