

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

04 NOV -5 PM 5:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K04487

1. Entity Name
CHANCELLOR SERVICES, INC.



Principal Place of Business
13052 COMPTON ROAD
LOXAHATCHEE, FL 33470

Mailing Address
13052 COMPTON ROAD
LOXAHATCHEE, FL 33470

REINSTATEMENT



03262004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0016051

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CHANCELLOR, BILLY L.
13052 COMPTON ROAD
LOXAHATCHEE, FL 33470

**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, 2004 Fee will be \$550.00**

9.

☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CHANCELLOR, BILLY L.
STREET ADDRESS 13052 COMPTON ROAD
CITY-ST-ZIP LOXAHATCHEE, FL

TITLE SD
NAME CHANCELLOR KIM
STREET ADDRESS 13052 COMPTON ROAD
CITY-ST-ZIP LOXAHATCHEE, FL

TITLE D
NAME CHANCELLOR, RYAN
STREET ADDRESS 13052 COMPTON ROAD
CITY-ST-ZIP LOXAHATCHEE, FL 33470

TITLE D
NAME CHANCELLOR, TODD
STREET ADDRESS 13052 COMPTON ROAD
CITY-ST-ZIP LOXAHATCHEE, FL 33470

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

300042239363
10/27/04--01020--003 **150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 #

561-662-1672

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

October 11, 2004

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314-6198

Dear Sirs:

My name is Kim Chancellor and I have got a problem. I have had financial difficulties and some personal problems going on since about January of this year. I have let a few things go here because of not feeling well and I opened up mail I have been letting sit because of not wanting to find any bad news again from anybody. I overlooked my filings from my very prompt accountant, who will kill me if he knows I let these things go. I am truly sorry for my lapse in not getting these in, but we have been under extreme stress and financially struggling. We are in the process of starting a business again, and it is very slow going. I need these two companies still and would like to beg your forgiveness for this mishap. Also, having both these hurricanes have made everything difficult here on top of everything else. It was after both hurricanes I found mail I had to open and found the two little postcards, and my accountants papers.

Please, if you will accept my sincere apology for this, I am sending in my fees that the woman said I could send in with this letter. I hope this will be okay.

Thanking you in advance,

Kim Chancellor
Kim Chancellor
561-662-1672