


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90097 029 ***150.00

DOCUMENT # P00000031743		
1. Entity Name NANCY CHANDLER, INC.		
Principal Place of Business 9601 59TH AVE. NORTH ST. PETERSBURG FL 33708		Mailing Address 9601 59TH AVE. NORTH ST. PETERSBURG FL 33708
2. Principal Place of Business		3. Mailing Address 3553 Cypress Terrace
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State		City & State Pinellas Park FL
Zip	Country	Zip 33781 Country USA



1st MOORE CR2E034 (10/05)

4. FEI Number 59-3646747		Applied For <input type="checkbox"/> Not Applicable
5. Certificate or Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent CHANDLER, NANCY 9601 59TH AVE. NORTH ST. PETERSBURG FL 33708		7. Name and Address of New Registered Agent Name Nancy Chandler Street Address (P.O. Box Number is Not Acceptable) 3553 Cypress Terrace City Pinellas Park FL Zip Code 33781

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  **Nancy Chandler** DATE **3-4-06**
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST CHANDLER, NANCY 9601 59TH AVE. NORTH ST. PETERSBURG FL 33708 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 3553 Cypress Terrace Pinellas Park, FL 33781
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **Nancy Chandler** DATE **3-4-06** 727-521-0644
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #