

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90756 008 ***150.00

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1. Entity Name
CHAMBLISS CONSTRUCTION, INC.



Principal Place of Business

39 COVE RD
LAKE PLACID, FL 33852

Mailing Address

39 COVE RD
LAKE PLACID, FL 33852



03172004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1046597

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHAMBLISS, TIMOTHY J
39 COVE RD
LAKE PLACID, FL 33852

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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. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME CHAMBLISS, TIMOTHY J
STREET ADDRESS 39 COVE RD
CITY-ST-ZIP LAKE PLACID, FL 33852

TITLE D
NAME CHAMBLISS, KIMBERLY E
STREET ADDRESS 39 COVE RD
CITY-ST-ZIP LAKE PLACID, FL 33852

TITLE V
NAME CHAMBLISS, JON W
STREET ADDRESS 39 COVE RD
CITY-ST-ZIP LAKE PLACID, FL 33852

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

Timothy J. Chambliss

Date

(863) 465-0062

Daytime Phone #