


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 01, 2005 8:00 am
Secretary of State

07-01-2005 90001 026 ***158.75

DOCUMENT # P00000093996		
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
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2. Principal Place of Business 1116 Sycamore Street	3. Mailing Address P.O. Box 1967
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Lake Placid, Florida	City & State Lake Placid, Florida
Zip 33852	Country U.S.
Zip 33862	Country U.S.



06282005 Chg-P CR2E034 (10/03)

4. FEI Number 65-1046597		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CHAMBLISS, TIMOTHY J 39 COVE RD LAKE PLACID, FL 33852		
7. Name and Address of New Registered Agent Name Chambliss, Timothy J. Street Address (P.O. Box Number is Not Acceptable) 1116 Sycamore Street City Lake Placid FL Zip Code 33852		

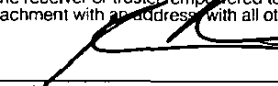
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAMBLISS, TIMOTHY J 39 COVE RD LAKE PLACID, FL 33852 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chambliss, Timothy J. 1116 Sycamore Street Lake Placid, Florida 33852 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAMBLISS, KIMBERLY E 39 COVE RD LAKE PLACID, FL 33852 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chambliss, Kimberly E. 1116 Sycamore Street Lake Placid, Florida 33852 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHAMBLISS, JON W 39 COVE RD LAKE PLACID, FL 33852 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chambliss, Jon W. 1116 Sycamore Street Lake Placid, Florida 33852 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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 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:  **KIMBERLY E. CHAMBLISS** **6/28/05** **863-465-0062**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT



20060925
#PD0000093996
CHAMBLISS CONSTRUCTION, INC.

FEDERAL IDENTIFICATION NO. 65-1046597

TIMOTHY J. CHAMBLISS

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CERTIFIED BUILDING CONTRACTOR LICENSE NO. CBC1252451

QUALIFIED BUSINESS ORGANIZATION NO. QB-0017160

P.O. BOX 1967, LAKE PLACID, FLORIDA 33862

(863) 465-0062 office (863) 465-2500 fax

www.DocksByChambliss.com

www.ChamblissConstruction.com

June 28, 2005

Florida Department of State

Secretary of State

Glenda E. Hood

Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

Dear Sir:

We moved in the middle of March 2005. I submitted a change of address to the Department of Business and Professional Regulation on March 22, 2005. I received conformation from the state of the change. Although I did not receive the Annual report before the deadline, I did not notice due to the adjustment of all address changes and complications of a move. Today I did receive the Notice of Intent to Dissolve post card with the correct mailing address. I am not sure if due to the closeness of my move along, with your mailing time line, that these two things overlapped and caused a hick up in the delivery of the Annual Report. It also could have been an occurrence with the Post Office during that time frame or delivered to the old address and the new owner not having forwarded it to me.

In any event we are sorry this has happened and are correcting the problem in a timely manor. If you check our records we have always submitted the fee and never been late. Today, upon receiving the post card, I have called the State's phone number and followed the instructions per your request. I am also inclosing the required fee of One Hundred and Fifty Dollars (\$150.00), the Annual Report (downloaded off your web site), and this letter, as per your directions.

Thank you for your time and consideration in this matter,

Kimberly Chambliss