2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90129 005 ***150.00

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1. Entity Name
GEORGIA A. CHAMBERLIN REPORTING, INC.

14015846

Principal Place of Business	Mailing Address
288 SE WHISTLE LOOP LAKE CITY, FL 32025-9185	288 SE WHISTLE LOOP LAKE CITY, FL 32025-9185

04122005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
287 S.E. JEREMY PL		287 S.E. JEREMY PL	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: LAKE CITY, FL		City & State: LAKE CITY, FL	
Zip: 32025	Country: US	Zip: 32025	Country: US

4. FEI Number 80-0036798 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHAMBERLIN, GEORGIA A
288 SE WHISTLE LOOP
LAKE CITY, FL 32025

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
287 S. E. JEREMY PL

City LAKE CITY FL Zip Code 32025

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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST CHAMBERLIN, GEORGIA A RR 2 BOX 752 LAKE CITY, FL 32025	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	287 S. E. JEREMY PL. LAKE CITY, FL 32025	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: Georgia Chamberlin 4-21-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #