

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000057489

Entity Name: CHANDLER & GREENE, INC.

FILED  
Apr 09, 2008  
Secretary of State

## Current Principal Place of Business:

380 SEMORAN COMMERCE PL  
SUITE 209 B  
SORRENTO, FL 32703

## New Principal Place of Business:

23229 OAK CLUSTER DRIVE  
SORRENTO, FL 327768150 US

## Current Mailing Address:

380 SEMORAN COMMERCE PL  
SUITE 209 B  
SORRENTO, FL 32703

## New Mailing Address:

23229 OAK CLUSTER DRIVE  
SORRENTO, FL 327768150 US

FEI Number: 51-0465415

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GREENE, BARBARA L  
23229 OAK CLUSTER DRIVE  
SORRENTO, FL 327768150 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete  
Name: GREENE, BARBARA L  
Address: 23229 OAK CLUSTER DRIVE  
City-St-Zip: SORRENTO, FL 327768150

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition  
Name: GREENE, BARBARA L MS.  
Address: 23229 OAK CLUSTER DRIVE  
City-St-Zip: SORRENTO, FL 327768150 US

Title: COO ( ) Change (X) Addition  
Name: TROZZI, THOMAS M DR.  
Address: 1917 SECLUSION DRIVE  
City-St-Zip: PORT ORANGE, FL 321286843 US

Title: CFO ( ) Change (X) Addition  
Name: STONE, JOLEE I MS.  
Address: 135 MAJESTIC FOREST RUN  
City-St-Zip: SANFORD, FL 327717172 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA L. GREENE

PSD

04/09/2008

Electronic Signature of Signing Officer or Director

Date