2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2009
Secretary of State

DOCUMENT# P03000057489

Entity Name: CHANDLER & GREENE, INC.

Current Principal Place of Business:

23229 OAK CLUSTER DRIVE
SORRENTO, FL 327768150 US

New Principal Place of Business:

1917 SECLUSION DRIVE
PORT ORANGE, FL 321286843 US

Current Mailing Address:

23229 OAK CLUSTER DRIVE
SORRENTO, FL 327768150 US

New Mailing Address:

1917 SECLUSION DRIVE
PORT ORANGE, FL 321286843 US

FEI Number: 51-0465415 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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:

GREENE TROZZI, BARBARA L
1917 SECLUSION DRIVE
PORT ORANGE, FL 321286843 US

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: BARBARA GREENE TROZZI 03/03/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition
Name: GREENE TROZZI, BARBARA L MRS.
Address: 1917 SECLUSION DRIVE
City-St-Zip: PORT ORANGE, FL 321286843 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 GREENE TROZZI PSD 03/03/2009
Electronic Signature of Signing Officer or Director Date