

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90013 012 ***150.00

DOCUMENT # P03000093461

1. Entity Name
CHAMBLISS PETROLEUM CORP.



Principal Place of Business
**1401 EAST BROWARD BOULEVARD
SUITE 300
FORT. LAUDERDALE, FL 33301**

Mailing Address
**1401 EAST BROWARD BOULEVARD
SUITE 300
FORT. LAUDERDALE, FL 33301**

24005373

2. Principal Place of Business

6550 N. Federal Hwy

Suite, Apt. #, etc.
Suite 240

City & State
Fort Lauderdale, FL

Zip
33308

Country
USA

3. Mailing Address

6550 N. Federal Hwy

Suite, Apt. #, etc.
Suite 240

City & State
Fort Lauderdale FL

Zip
33308

Country
USA

01152004

Chg-P

CR2E034 (10/03)

4. FEI Number

20-0194750

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DYAL, J. PATRICK
1401 EAST BROWARD BOULEVARD
SUITE 300
FORT. LAUDERDALE, FL 33301**

7. Name and Address of New Registered Agent

Name
Joe A. Chambliss

Street Address (P.O. Box Number is Not Acceptable)
6550 N. Federal Highway

Suite, Apt. #, etc.
Suite 240

City
Fort Lauderdale

FL

Zip Code
33308

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

1.28.04

**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
PD ☐ Delete
NAME
CHAMBLISS, JOE A
STREET ADDRESS
6550 NORTH FEDERAL HIGHWAY #240
CITY-ST-ZIP
FORT LAUDERDALE, FL 33308

TITLE
STD ☐ Delete
NAME
WHEELER, RICHARD L
STREET ADDRESS
6550 NORTH FEDERAL HIGHWAY #240
CITY-ST-ZIP
FORT LAUDERDALE, FL 33308

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

1.28.04