



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90055 002 ***150.00

DOCUMENT # P03000137706 1. Entity Name CHAMBLESS ENTERPRISES INC.																																																																																																																																																					
Principal Place of Business 2773 MANDARIN MEADOWS DR., NORTH JACKSONVILLE, FL 32223				Mailing Address 2773 MANDARIN MEADOWS DR., NORTH JACKSONVILLE, FL 32223																																																																																																																																																	
2. Principal Place of Business - No P.O. Box # 5737 Hickson Road Suite, Apt. #, etc.		3. Mailing Address 5737 Hickson Road Suite, Apt. #, etc.																																																																																																																																																			
City & State Jacksonville FL		City & State Jacksonville FL		4. FEI Number 37-1479318																																																																																																																																																	
Zip 32207		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																																																	
6. Name and Address of Current Registered Agent NOYES, TINA M 2773 MANDARIN MEADOWS DR N JACKSONVILLE, FL 32223				7. Name and Address of New Registered Agent Name Tina M. Noyes Street Address (P.O. Box Number is Not Acceptable) 5737 Hickson Road City Jacksonville FL Zip Code 32207																																																																																																																																																	
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 Tina M. Noyes Tina M. Noyes 4-05-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																																																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																																			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;">P NOYES/CHAMBLESS, TINA</td> <td style="width: 30%; padding: 2px;"><input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;">P Tina M. Noyes</td> <td style="width: 30%; padding: 2px;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">2773 MANDARIN MEADOWS DR. 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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Tina M. Noyes Tina M. Noyes President 4/08/08 904-420553 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Secretary Phone #</small>																																																																																																																																																					