

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90399 003 ***150.00

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1. Entity Name

CHANDLER LAND DEVELOPMENT CORP.



Principal Place of Business

854 CUSTER STREET
PALM BAY FL 32907

Mailing Address

854 CUSTER STREET
PALM BAY FL 32907

2. Principal Place of Business

2161 McGregor Blvd

Suite, Apt. #, etc.

Suite A.

3. Mailing Address

2161 McGregor Blvd

Suite, Apt. #, etc.

Suite A

City & State

Fort Myers FL

City & State

Fort Myers FL

Zip 33901

Country Lee

Zip 33901

Country Lee

4. FEI Number

20-0552930

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

MOORE

CR2E034 (11/03)



6. Name and Address of Current Registered Agent

CHANDLER, WILLIAM M
854 CUSTER STREET
PALM BAY FL 32907

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

William Chandler

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

William Chandler

DATE

4-26-04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME CHANDLER, WILLIAM M
STREET ADDRESS 854 CUSTER STREET
CITY-ST-ZIP PALM BAY FL 32907

TITLE D ☐ Delete
NAME CHANDLER, JASON CLAUDE W
STREET ADDRESS 465 TUNIS ROAD
CITY-ST-ZIP PALM BAY FL 32908

TITLE D ☐ Delete
NAME CHANDLER, STEVEN LUCAS
STREET ADDRESS 262 EMERSON DRIVE, N.W.
CITY-ST-ZIP PALM BAY FL 32907

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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
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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:

William Chandler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William Chandler 4-26-04

Date

Daytime Phone #

239-822-

4026