


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000149295 1. Entity Name CHANDLER LAND DEVELOPMENT CORP.	
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Principal Place of Business 2161 MCGREGOR BLVD. STE. A FORT MYERS, FL 33901	Mailing Address 2161 MCGREGOR BLVD. STE. A FORT MYERS, FL 33901
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DO NOT WRITE IN THIS SPACE



06302005 No Chg-P CR2E034 (10/03)

4. FEI Number 20-0552930	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHANDLER, WILLIAM M
854 CUSTER STREET
PALM BAY, FL 32907

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CHANDLER, WILLIAM M 854 CUSTER STREET PALM BAY, FL 32907
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CHANDLER, JASON CLAUDE W 465 TUNIS ROAD PALM BAY, FL 32908
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CHANDLER, STEVEN LUCAS 262 EMERSON DRIVE, N.W. PALM BAY, FL 32907
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

1100000375563
08/04/05-80002-016 550.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 life empowered.

SIGNATURE:  **8-1-05 239-332-4371**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #