

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000149295

1. Entity Name
CHANDLER LAND DEVELOPMENT CORP.



Principal Place of Business
**2161 MCGREGOR BLVD.
STE. A
FORT MYERS, FL 33901**

Mailing Address
**2161 MCGREGOR BLVD.
STE. A
FORT MYERS, FL 33901**



01172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0552930

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

000000826228

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

02/21/08-80042-001 150.00

10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE
IN THIS SPACE**

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:

William Chandler

William Chandler 2-8-08

239-334-4953

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #