

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000090949

1. Entity Name  
BRANT CHANDLER, INC



Principal Place of Business  
17009 SHIRLA RAE DRIVE  
SPRING HILL, FL 34610 US

Mailing Address  
17009 SHIRLA RAE DRIVE  
SPRING HILL, FL 34610 US

FILED  
2008 SEP 15 PM 12:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA 9-16-08



07262008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1299741	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

CHNDLER, BRANT W  
17009 SHIRLA RAE DRIVE  
SPRING HILL, FL 34610

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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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees 300136101563  
09/18/08--01039--023 \*\*558.78

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CHANDLER, BRANT W
STREET ADDRESS	17009 SHIRLA RAE DRIVE
CITY-ST-ZIP	SPRING HILL, FL 34610

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Brant Chandler  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/11/08 (727) 3591398  
Date Daytime Phone #