

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90240 023 ***150.00

DOCUMENT # P04000112191			
1. Entity Name CHANDLER CONSULTING, INC.			
Principal Place of Business 3208 W SAN JOSE ST TAMPA, FL 33629		Mailing Address 3208 W SAN JOSE ST TAMPA, FL 33629	
2. Principal Place of Business 208 Palmola Street Suite, Apt. #, etc.		3. Mailing Address 208 Palmola Street Suite, Apt. #, etc.	
City & State Lakeland, Florida Zip: 33803 Country: FLK		City & State Lakeland, Florida Zip: 33803 Country: FLK	
4. FEI Number NOT APPLICABLE		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHANDLER, MICHELLE L 3208 W SAN JOSE ST TAMPA, FL 33629		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: <u>Michelle L. Chandler</u> DATE: <u>March 22, 2006</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D NAME: CHANDLER, MICHELLE L STREET ADDRESS: 3208 W SAN JOSE ST CITY-ST-ZIP: TAMPA, FL 33629	<input type="checkbox"/> Delete	TITLE: P, T, S, D NAME: Same STREET ADDRESS: 208 Palmola Street CITY-ST-ZIP: Lakeland, FL 33803	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Michelle L. Chandler <u>Michelle L. Chandler</u> <u>3/22/06</u> <u>813-716-2008</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			