

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2008 8:00 am
Secretary of State

09-08-2008 90002 043 ***150.00

DOCUMENT # P06000136532 1. Entity Name III CHANDLER CONSTRUCTION INC.			
Principal Place of Business 2307 WINDSOR RD. PALM BEACH GARDENS, FL 33410 US		Mailing Address 2307 WINDSOR RD. PALM BEACH GARDENS, FL 33410 US	
2. Principal Place of Business - No P.O. Box # 1335 Old Dixie Hwy Suite, Apt. #, etc. Suite #3 Lake Park, Florida Zip 33403 Country USA		3. Mailing Address 1335 Old Dixie Hwy Suite, Apt. #, etc. Suite #3 Lake Park, Florida Zip 33403 Country USA	
4. FEI Number APPLIED FOR 26-0503583		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, AARON 2307 WINDSOR RD. PALM BEACH GARDENS, FL 33410	
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 _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.) DATE</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO CHANDLER, AARON 2307 WINDSOR RD. PALM BEACH GARDENS, FL 33410	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Chandler, Aaron 1335 Old Dixie Hwy #3 Lake Park, FL 33403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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
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: 		Aaron Chandler 9-2-08	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	