


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2006 08:00 AM
Secretary of State

| | | |
|--|---|---|
| DOCUMENT # P94000085393 | |  |
| 1. Entity Name LYNN FRANCES CHANDLER, P.A. | | |
| Principal Place of Business 1415 PANTHER LANE SUITE 152 NAPLES, FL 34109 US | Mailing Address PO BOX 110965 NAPLES, FL 34108 US | |
| DO NOT WRITE IN THIS SPACE | | |
| 6. Name and Address of Current Registered Agent CHANDLER, LYNN FRANCES 1415 PANTHER LANE SUITE 152 NAPLES, FL 34109 | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> DATE _____ | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 10. OFFICERS AND DIRECTORS | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPST CHANDLER, LYNN F. 1415 PANTHER LANE, STE 152 NAPLES, FL 34109 | DO NOT WRITE IN THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| 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: <u>Lynn Frances Chandler</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> LYNN FRANCES CHANDLER | | 1-6-06 239-514-791- <small>Date Daytime Phone #</small> |



01052006 No Chg-P CR2E034 (11/05)

| | |
|---|-------------------------------|
| 4. FEI Number 65-0550994 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |

1107000381430
01/11/06-80052-016 158.75