

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000066083

Entity Name: CHANCY INSURANCE, INC.

FILED
Mar 31, 2006
Secretary of State

Current Principal Place of Business:

P.O. BOX 1439
WOODVILLE, FL 32362

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1439
WOODVILLE, FL 32362

New Mailing Address:

FEI Number: 59-3589079

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHANCY, JOHN R
8225 WOODVILLE HWY
TALLAHASSEE, FL 32305 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: CHANCY, JOHN R
Address: P.O. BOX 1439
City-St-Zip: WOODVILLE, FL 32362

Title: D () Delete
Name: CHANCY, JOHN R
Address: P.O. BOX 1439
City-St-Zip: WOODVILLE, FL 32362

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN R CHANCY

PRES

03/31/2006

Electronic Signature of Signing Officer or Director

_____ Date