


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 26, 2004 8:00 am**  
**Secretary of State**

02-26-2004 90006 025 \*\*\*150.00

**DOCUMENT # 242270**

1. Entity Name  
**CHATHAM COURT, INC.**



Principal Place of Business  
**2915 MONROE ST  
 HOLLYWOOD FL 33020-4752**

Mailing Address  
**2915 MONROE ST  
 HOLLYWOOD FL 33020-4752**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **59-1118562**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



MOORE CR2E034 (11/03)

**6. Name and Address of Current Registered Agent**

**HUGHES, JAYNE  
 2915 MONROE STREET #1  
 HOLLYWOOD FL 33020**

**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 *Jayne Hughes* (NOTE: Registered Agent signature required when reinstating)

DATE *2/17/02*

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
 Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> Delete
NAME	BAUER, GEORGE C	
STREET ADDRESS	2915 MONROE STREET, APT 3	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BAUER, WALTER	
STREET ADDRESS	2915 MONROE STREET, APT 4	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HUGHES, JAYNE	
STREET ADDRESS	2915 MONROE STREET, APT 7	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	T	<input type="checkbox"/> Delete
NAME	BAUER, CAMILLE	
STREET ADDRESS	2915 MONROE STREET #4	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GEORGE HERZOG	
STREET ADDRESS	2915 MONROE ST. APT 10	
CITY-ST-ZIP	HOLLYWOOD FL. 33020	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Camille M. Bauer*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *2/17/04* 954-920-1529  
 Daytime Phone #