

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 160673

FILED
Jan 06, 2006
Secretary of State

Entity Name: CHASTAIN-SKILLMAN, INC.

Current Principal Place of Business:

4705 OLD HWY. 37
P.O. BOX 5710
LAKELAND, FL 338075710

New Principal Place of Business:

Current Mailing Address:

4705 OLD HWY. 37
P.O. BOX 5710
LAKELAND, FL 338075710

New Mailing Address:

FEI Number: 59-0619876 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CHASTAIN, JAMES R JR.
1026 E. HIGHLAND DRIVE
LAKELAND, FL 33813 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: P () Delete
Name: CHASTAIN, JAMES R JR
Address: 1026 E HIGHLAND DR
City-St-Zip: LAKELAND, FL 33813

Title: VDS () Delete
Name: CAMPBELL, KENNETH R,
Address: 601 KENEYWOOD ST
City-St-Zip: LAKELAND, FL 33803

Title: V () Delete
Name: SCHULER, ROBERT P
Address: 140 E CIRCLE ST
City-St-Zip: AVON PARK, FL 33825

Title: T () Delete
Name: DODDS, KEITH S
Address: 3338 SONGBIRD LANE
City-St-Zip: LAKELAND, FL 33803

Title: V () Delete
Name: HUNNICUTT, SUZANNE S
Address: 1825 OLEANDER DRIVE
City-St-Zip: AVON PARK, FL 33825

Title: VS () Delete
Name: LASSI, GREG J
Address: 2033 HIGH VISTA DR
City-St-Zip: LAKELAND, FL 33813

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: KEITH S. DODDS

T

01/06/2006

Electronic Signature of Signing Officer or Director

Date