

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Jan 31, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # 667366**

1. Entity Name  
**CHASTAIN ENTERPRISES, INC.**



Principal Place of Business  
**1005 PINE BRANCH DRIVE  
WESTON, FL 33326**

Mailing Address  
**1005 PINE BRANCH DRIVE  
WESTON, FL 33326**



01262006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **59-2088420** Applied For  
Not Applicable

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

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

**CHASTAIN, RANDALL K.  
1005 PINE BRANCH DRIVE  
WESTON, FL 33326**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CHASTAIN, RANDALL K. 1005 PINE BRANCH DRIVE WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHASTAIN, FLORA D. 1005 PINE BRANCH DRIVE WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FACENTE, JAYME 1005 PINE BRANCH DRIVE WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AST MCCALL, HORTENSE L. 1005 PINE BRANCH DRIVE WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP CHASTAIN, DAVID C. 1005 PINE BRANCH DRIVE WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

00000410230  
02/09/06-60027-021 158.75

**DO NOT WRITE  
IN THIS SPACE**

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: Jayme Facente  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/06 954-385-0538  
Date Daytime Phone #