


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 667366</b> 1. Entity Name CHASTAIN ENTERPRISES, INC.	
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Principal Place of Business 1005 PINE BRANCH DRIVE WESTON, FL 33326	Mailing Address 1005 PINE BRANCH DRIVE WESTON, FL 33326
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**DO NOT WRITE IN THIS SPACE**



02022007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2088420	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 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	

U00000620435  
 02/09/07-80036-023 150.00

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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 2/2/07 954-385-0538  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #