

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # F04000003884

1. Entity Name
CHATTCO, INC.



Principal Place of Business
113 SEABOARD LANE, SUITE A-250
FRANKLIN, TN 37067

Mailing Address
113 SEABOARD LANE, SUITE A-250
FRANKLIN, TN 37067



04202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 62-1544397	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DIESPIES, KEVIN
888 EAST LAS OLAS BLVD., SUITE 720
RUTHERFORD MULHALL, P.A.
FORT LAUDERDALE, FL 33301

**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 _____

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

U00000528697
05/05/06-80048-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	MCWHORTER, STUART C
STREET ADDRESS	113 SEABOARD LANE, SUITE A-250
CITY-ST-ZIP	FRANKLIN, TN 37067

TITLE	P
NAME	MCWHORTER, R. CLAYTON
STREET ADDRESS	113 SEABOARD LANE, SUITE A-250
CITY-ST-ZIP	FRANKLIN, TN 37067

TITLE	ST
NAME	SALLEY, NANCY
STREET ADDRESS	113 SEABOARD LANE, SUITE A-250
CITY-ST-ZIP	FRANKLIN, TN 37067

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Nancy Salley S/T 4-20-06 615-320-3070