

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # G93681

1. Entity Name
REMI PROPERTIES, INC.



Principal Place of Business
**% ROBERT R. CHAFFIOT, SR.
1802 S. FISKE BLVD, SUITE 101
ROCKLEDGE, FL 32955**

Mailing Address
**% ROBERT R. CHAFFIOT, SR.
1802 S. FISKE BLVD, SUITE 101
ROCKLEDGE, FL 32955**



03122008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2401783

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CHAFFIOT, ROBERT R. SR.
1802 S. FISKE BLVD
SUITE 101
ROCKLEDGE, FL 32955**

**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, 2008 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	PD CHAFFIOT, VICTOR A. 1802 S FISKE BLVD STE 101 ROCKLEDGE, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CHAFFIOT, MARK K 1802 S FISKE BLVD STE 101 ROCKLEDGE, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHAFFIOT, ROBERT R. SR 1802 S FISKE BLVD., SUITE 101 ROCKLEDGE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD VAVALA, PAULA 1802 S FISKE BKVD., SUITE 101 ROCKLEDGE, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000860733
04/02/08-80075-010 150.00

**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 employees.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK CHAFFIOT

Date

3-13-08

Daytime Phone #

321-633-3444