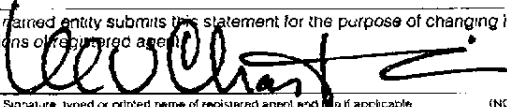
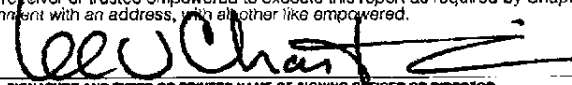


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2006 08:00 AM
Secretary of State

DOCUMENT # J05659 1. Entity Name CHASTAIN & COMPANY, INC.			
Principal Place of Business 1328 NICHOLSON RD JACKSONVILLE, FL 32207 US		Mailing Address 1328 NICHOLSON RD JACKSONVILLE, FL 32207 US	
DO NOT WRITE IN THIS SPACE			
		01092006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-2707632	Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHASTAIN, LEE V. 1328 NICHOLSON RD JACKSONVILLE, FL 32207		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: 4/4/06 Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)			
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		DO NOT WRITE IN THIS SPACE UB00000492241 04/19/06-80057-008 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP CHASTAIN, LEE V. 1328 NICHOLSON RD. JACKSONVILLE, FL 32207		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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:  DATE: 4/4/06 DAYTIME PHONE #: 9045216388 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

LEE V. CHASTAIN