


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2004 8:00 am
Secretary of State

07-14-2004 90004 037 ***150.00

DOCUMENT # K91044 1. Entity Name CHASTEEN REALTY, INC.					
Principal Place of Business 700 MELROSE AVE F-23 WINTER PARK, FL 32789			Mailing Address 9200 LAWS ROAD CLERMONT, FL 34711		
2. Principal Place of Business 1633 HOLLIS DR		3. Mailing Address P.O. Box 784141			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State ORLANDO FL		City & State WINTER GARDEN, FL		4. FEI Number 59-3043113	
Zip 32822		Country ORANGE		Applied For <input type="checkbox"/> Not Applicable	
Zip 34778		Country ORANGE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHASTEEN, JAMES R 2650 FLORENCE ST ORLANDO, FL 32818			7. Name and Address of New Registered Agent Name CHASTEEN, JAMES R. Street Address (P.O. Box Number is Not Acceptable) 9200 LAWS RD City CLERMONT FL Zip Code 34714		
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 <u><i>James R. Chasteen</i></u> 7-12-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHASTEEN, JAMES R 9200 LAWS ROAD CLERMONT, FL 34714	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>James R. Chasteen</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			7-12-04 407-808-2634 <small>Date Daytime Phone #</small>		