

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90203 028 ***150.00

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DOCUMENT # L14926 1. Entity Name CHATEAU TALLAHASSEE, INC.			
Principal Place of Business 2019 CENTRE POINTE BLVD SUITE 101 TALLAHASSEE, FL 32308		Mailing Address 2019 CENTRE POINTE BLVD SUITE 101 TALLAHASSEE, FL 32308	
2. Principal Place of Business 446 Conradi St H107		3. Mailing Address P.O. Box 12579	
Suite, Apt. #, etc. H107		Suite, Apt. #, etc. 	
City & State Tallahassee, FL		City & State Tallahassee, FL	
Zip 32304		Zip 32317	
Country USA		Country USA	
4. FEI Number 59-2992092		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOTTICE, H. JAY 2019 CENTRE POINTE BLVD SUITE 101 TALLAHASSEE, FL 32308		7. Name and Address of New Registered Agent Name John P. Mottice Street Address (P.O. Box Number is Not Acceptable) 446 Conradi St., H107 City Tallahassee FL Zip 32304	
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 John P. Mottice, President		DATE 4/26/06	
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP V MOTTICE, H. JAY 2019 CENTRE POINTE BLVD STE 4P TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP V same 446 Conradi St., H107 Tallahassee, FL 32304	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP PS MOTTICE, JOHN P 2019 CENTRE POINTE BLVD STE 101 TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP PS same 446 Conradi St., H107 Tallahassee, FL 32304	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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"/> 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"/> Delete	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 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: John P. Mottice, President		DATE 4/26/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 850-386-2117	