2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #L14926

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

04-28-2006 90203 028 ***150.00

Entity Name CHATEA	^{ne} U TALLAHASSEE, INC.					
Principal Place of Business Mailing Address 2019 CENTRE POINTE BLVD 2019 CENTRE POINTE BL SUITE 101 SUITE 101			60	030697		
TALLAHASSE	EE, FL 32308	TALLAHASSEE, FL 32308				
44	Place of Business le Convadi St	3. Mailing Address P. O. Bo	x 12579			##
Suite, Apt.	.#, etc. 107	Suite, Apt. #, etc.		04222006 Chg-P	CR2E034	(11/05)
City & Stat	lahassee, FC	City & State	e,FL	4. FEI Number 59-2992092		Applied For Not Applicable
32	304 Country STA		untry JSA	5. Certificate of Status Desi-		3.75 Additional Required
- 45	6. Name and Address of Current F	Registered Agent		7. Name and Address of N	ew Registered Age	ent
MOTTICE	#DAY		Name	John P. Moti		
2010 CENTRE POINTE BLYD			Street Address (P.O. Box Number is Not Acceptable)			
TALLAHASSEE, FL (32300			446 Conradi St., 4107			
121221111	2011 , 12 (01000		· 1	470 William	U., 770	7
12/22/11/19	<u>.</u>		<u> </u>	Tallahassee	FL	Zip 32:304
8. The above	e named entity submits this statement for	the purpose of changing its regist	City	Tallahassee	FL	Zip 32304
8. The above the obligat	e named entity submits this statement for tions of registered agent.		City	Tallahassee	FL of Florida. I am fam	Zip 32304 illiar with, and accept
8. The above	e named entity submits this statement for tions of registered agent.	P. Mothice,	City	Tallahassee red agent, or both, in the State	FL	Zip 32304 illiar with, and accept
8. The above the obligated SIGNATURE.	e named entity submits this statement for tions of registered agent. Johr	P. Mothice, and title if applicable. (NOTE Regist) 9. Election Campaign Fire	City rered office or register President tered Agent signature required. nancing \$5.	Tallahassee red agent, or both, in the State	FL of Florida. I am fam	Zip 32304 illiar with, and accept
8. The above the obligated SIGNATURE.	e named entity submits this statement for tions of registered agent. John Signature by door princed name of registered agent a	P. Mothice INOTE Regist P. Election Campaign Fire Trust Fund Contribution	City rered office or register President tered Agent signature required. nancing \$5.	red agent, or both, in the State	FL of Florida. I am fam 4/26/04 DATE	Zip 32304 iliar with, and accept
8. The above the obligate SIGNATURE. FIL After M. 10. IITLE	e named entity submits this statement for tions of registered agent. Signature typed or pointed name of registered agent at the statement for the statement	9. Election Campaign Fin Trust Fund Contributio	City President Free Agent signature required nancing \$5 nn.	red agent, or both, in the State J when :einstating) .00 May Be ed to Fees ADDITIONS/CHANGES TO	FL of Florida. I am fam 4/26/00 DATE OFFICERS AND DI	Zip 32304 iliar with, and accept RECTORS IN 11 Change Addition
8. The above the obligate SIGNATURE. FIL After M. 10. IITLE NAME	e named entity submits this statement for tions of registered agent. Signature typid or pointed name of registered agent at the statement for the statement	9. Election Campaign Fir Trust Fund Contributio	City President Agent signature required. nancing \$5 on. Add 1. ITLE AME Sarv	red agent, or both, in the State J when :einstating) .00 May Be ed to Fees ADDITIONS/CHANGES TO	FL of Florida. I am fam 4/26/00 DATE OFFICERS AND DI	Zip 32304 iliar with, and accept RECTORS IN 11 Change Addition
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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.

TITLE

NAME

TITLE

NAME

TITLE

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

John P. Mottice

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

☐ Delete

Delete

President

4/26/06

850-386-2117

Daytime Phone #

☐ Change

Change

☐ Change

☐ Addition

Addition

☐ Addition