


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jun 08, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000081484 1. Entity Name CHATEAU DUPREZ, INC.	
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Principal Place of Business 10930 U S 1 NORTH ST. AUGUSTINE, FL 32095 US	Mailing Address 10930 U.S. 1 NORTH ST. AUGUSTINE, FL 32095
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06072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MILLER, LARRY T 10930 U S 1 NORTH ST. AUGUSTINE, FL 32095
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**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 reg stored agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAM, LOUIS E III 10930 U S 1 NORTH ST. AUGUSTINE, FL 32095
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARKER, FRANK 10930 U S 1 NORTH ST. AUGUSTINE, FL 32095
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06/08/05-00001-015 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 lines empowered.

SIGNATURE: *Louis E Williams* Louis E Williams 6/7/05 904 9930905
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #