

FILED
May 28, 2004 8:00 am
Secretary of State

05-05-2004 90210 028 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000022399

1. Entity Name
CHASTAIN SECURING, INC.



Principal Place of Business
660 GLENDALE ST
STARKE, FL 32091

Mailing Address
P O BOX 146
STARKE, FL 32091

66424856



2. Principal Place of Business

12123 Hwy 301 S.

3. Mailing Address

Suite, Apt. #, etc.

04262004

Chg-P

CR2E034 (10/03)

City & State

STARKE, FL

City & State

4. FEI Number

56-2355042

Applied For

Not Applicable

Zip

32091

Country

BRAP FORD

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DRUMMOND, DONALD L EA
103 EDWARDS RD
STARKE, FL 32091

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$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
D
CHASTAIN, TIMOTHY
P O BOX 146
STARKE, FL 32091

☐ Delete

TITLE
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/04