## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED** Mar 15, 2007 08:00 AM Secretary of State

DOCL	JMENT	# P0500	0118753

1. Entity Name CHIC TEAK, INC.



Principal Place of Business

Mailing Address

36058 EMERALD COAST PARKWAY DESTIN, FL 32541

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No Chg-P Applied For 20-3624968 Not Applicable

5. Certificate of Status Desired

03032007

\$8.75 Additional Fee Required

CR2E034 (11/05)

6. Name and Address of Current Registered Agent

ENGEL, HENDRIK J 36058 EMERALD COAST PARKWAY DESTIN, FL 32541

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	submits this statement for the p	urpose of changing its re	gistered office or re	gistered agent, or bo	h, in the State of Florida.	I am familiar with, and accept
the obligations of regist	e ed agent.				n	
	<i>[</i>				3-1	゚゚ゔ゚゚゙゙゙゙゙゙゙゚ゔヷ
SIGNATURE Signature I	or winted name of registered agent and title i	f apolicable (NOTE: R	legistered Agent signature	required when reinstating)		DATE
		9. Election Campaign	Financino	\$5.00 May Be		
	FEE IS \$150.00 Fee will be \$550.00	Trust Fund Contrib		Added to Fees		
Alter may 1, 200	7 FUE WIII DU \$550.00					
10.	OFFICERS AND DIREC	TORS		सङ्गीत सुन्दे हुन हो। पूछ		at high a light

TITI F NAME ENGEL, HENDRIK J STREET ADDRESS 12831 CLAY CITY RD FAIRHOPE, AL 36532 CITY-ST-ZIP D TITLE NAME ENGEL, MARIA STREET ADDRESS 12831 CLAY CITY RD CITY-ST-ZIP FAIRHOPE, AL 36532 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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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 tender is fire 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 of this beginn owered 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 a porress, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR