

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000153943

Entity Name: LE CHATEAU INC.

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

4037 W. KENNEDY BLVD.
TAMPA, FL 33609

New Principal Place of Business:

4037 W. KENNEDY BLVD.
TAMPA, FL 33609 US

Current Mailing Address:

4037 W. KENNEDY BLVD.
TAMPA, FL 33609

New Mailing Address:

4037 W. KENNEDY BLVD.
TAMPA, FL 33609 US

FEI Number: 84-1695227

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHORNIAC, SHEILA
4037 W. KENNEDY BLVD.
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CHORNIAC, DONALD
Address: 4037 W. KENNEDY BLVD.
City-St-Zip: TAMPA, FL 33609

Title: SVD () Delete
Name: CHORNIAC, SHEILA
Address: 4037 W. KENNEDY BLVD.
City-St-Zip: TAMPA, FL 33609

Title: TD () Delete
Name: CHORNIAC, LEAH
Address: 4037 W. KENNEDY BLVD.
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD CHORNIAC

PD

04/29/2009

Electronic Signature of Signing Officer or Director

Date