

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 09, 2006 08:00 AM
Secretary of State**

DOCUMENT # P39776

1. Entity Name
CHATEAU JULIEN, INC.



Principal Place of Business
**8940 CARMEL VALLEY ROAD
CARMEL, CA 93923 US**

Mailing Address
**P.O. BOX 221775
CARMEL, CA 93922 US**



01172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 77-0072861	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**TOLEDO, ELAINE
7710 NW 14 ST
PEMBROKE PINES, FL 33024**

**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 Elaine Toledo

Signature, typed or printed name of registered agent and title if applicable

Elaine Toledo

(NOTE: Registered Agent signature required when reinstating)

1/17/06

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BROWER, ROBERT S.
STREET ADDRESS	28088 BARN CT.
CITY - ST - ZIP	CARMEL, CA 93923

TITLE	CS
NAME	BROWER, PATRICIA
STREET ADDRESS	28088 BARN CT.
CITY - ST - ZIP	CARMEL, CA 93923

TITLE	V
NAME	ANDERSON, WILLIAM
STREET ADDRESS	24664 SANTA RITA
CITY - ST - ZIP	CARMEL, CA 93921

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000426080
02/20/06-80030-008 150.00

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: Patricia Brower
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 17, 2006 831-624-2600
Date Daytime Phone #