


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2007 8:00 am
Secretary of State

03-06-2007 90007 020 ***150.00

| | | | | | |
|--|--|---------------------------------|--|--|--|
| 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 | | |
| 2. Principal Place of Business - No P.O. Box # | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 77-0072861 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent TOLEDO, ELAINE 7710 NW 14 ST PEMBROKE PINES, FL 33024 | | | | 7. Name and Address of New Registered Agent 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 <u>Elaine Toledo</u> DATE <u>3/1/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | P BROWER, ROBERT S. 28088 BARN CT. CARMEL, CA 93923 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CS BROWER, PATRICIA 28088 BARN CT. CARMEL, CA 93923 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V ANDERSON, WILLIAM 24664 SANTA RITA CARMEL, CA 93921 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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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 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: <u>Patricia Brower</u> <u>Patricia Brower</u> <u>3/1/07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |

40030101



02162007 Chg-P CR2E034 (12/06)

831-634-3600

ATTACHMENT
40030131
Division of Corporations

Annual Report

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| | |
|--|----------------------|
| Document Number | P39776 |
| Business Entity Name | CHATEAU JULIEN, INC. |
| FEI Number | 770072861 |
| FEI Number Status | |
| Certificate of Status Desired | No |
| Election Campaign Financing Trust Fund Contribution | No |

Principal Place of Business

| | |
|-------------------------------|-------------------------|
| Address | 8940 CARMEL VALLEY ROAD |
| Suite, Apt. #, etc. | |
| City, State | CARMEL, CA |
| Zip Code & Country | 93923 US |

Mailing Address

| | |
|-------------------------------|-----------------|
| Address | P.O. BOX 221775 |
| Suite, Apt. #, etc. | |
| City, State | CARMEL, CA |
| Zip Code & Country | 93922 US |

Name and Address of Registered Agent

| | |
|--|--------------------|
| Name (Last, First, Middle, Title) | TOLEDO, ELAINE |
| Address | 7710 NW 14 ST |
| Suite, Apt. #, etc. | |
| City, State | PEMBROKE PINES, FL |
| Zip Code & Country | 33024 US |
| Registered Agent Signature | |

Officer/Director Name and Address

| | |
|-------------------------------|-------------------|
| Title | P |
| Entity Name | BROWER, ROBERT S. |
| Street Address | 28088 BARN CT. |
| City, State | CARMEL, CA |
| Zip Code & Country | 93923 |

| | |
|-----------------------|------------------|
| Title | CS |
| Entity Name | BROWER, PATRICIA |
| Street Address | 28088 BARN CT. |

Division of Corporations

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City, State CARMEL, CA
Zip Code & Country 93923

40030131
#P39776

Title V
Entity Name ANDERSON, WILLIAM
Street Address 24664 SANTA RITA
City, State CARMEL, CA
Zip Code & Country 93921

Title CORP
Officer/Director Signature PATRICIA BROWER

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**ATTACHMENT**
Division of Corporations

40030131

Annual Report**Annual Report Help****Document Number****P39776****Business Entity Name**
CHATEAU JULIEN, INC.

FEI Number 770072861

FEI Number Status ☒ Listed Above ☐ Applied For ☐ Not ApplicableCertificate of Status Desired ☐ Yes ☒ No \$8.75 eachElection Campaign Financing Trust Fund Contribution ☐ Yes ☒ No**Principal Place of Business**

Address 8940 CARMEL VALLEY ROAD

Suite, Apt. #, etc.

City, State CARMEL , CA

Zip Code & Country 93923 US

Mailing Address

Address P.O. BOX 221775

Suite, Apt. #, etc.

City, State CARMEL , CA

Zip Code & Country 93922 US

Name and Address of Registered Agent

Name (Last, First, Middle, Title) TOLEDO , ELAINE ,

- OR -

Business to serve as RA

Address (PO Box is not acceptable) 7710 NW 14 ST

Suite, Apt. #, etc.

City, State PEMBROKE PINES , FL

Zip Code & Country 33024 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

| | |
|--|-------------------|
| Title | P |
| Name (Last, First, Middle, Title) | |
| - OR - | |
| Entity Name to serve as Officer/Director | BROWER, ROBERT S. |
| Street Address | 28088 BARN CT. |
| City, State | CARMEL, CA |
| Zip Code & Country | 93923 |
| Title | CS |
| Name (Last, First, Middle, Title) | |
| - OR - | |
| Entity Name to serve as Officer/Director | BROWER, PATRICIA |
| Street Address | 28088 BARN CT. |
| City, State | CARMEL, CA |
| Zip Code & Country | 93923 |
| Title | V |
| Name (Last, First, Middle, Title) | |
| - OR - | |
| Entity Name to serve as Officer/Director | ANDERSON, WILLIAM |
| Street Address | 24664 SANTA RITA |
| City, State | CARMEL, CA |
| Zip Code & Country | 93921 |
| Title | |
| Name (Last, First, Middle, Title) | |
| - OR - | |
| Entity Name to serve as Officer/Director | |
| Street Address | |
| City, State | |

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Corp

Officer/Director Signature **Patricia Brower**

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

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