

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000010335

1. Entity Name
CHALAIRE AND ASSOCIATES, INC.



Principal Place of Business
4362 NORTHLAKE BLVD
SUITE 206
PALM BEACH GARDENS, FL 33410 US

Mailing Address
125 BOWSPRIT DRIVE
NORTH PALM BEACH, FL 33408 US



04242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0470286

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHALAIRE, DONALD K
125 BOWSPRIT DRIVE
NORTH PALM BEACH, FL 33408

**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

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, 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 CHALAIRE, DONALD K
STREET ADDRESS 125 BOWSPRIT DR
CITY-ST-ZIP NORTH PALM BEACH, FL 33408

TITLE D
NAME CHALAIRE, TERRI L
STREET ADDRESS 16425 HAYNIE LANE
CITY-ST-ZIP JUPITER, FL 33478

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

U00000539715
05/09/06-80107-025 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Terri Chalaire Terri Chalaire

4-24-06

(561) 694-0336