

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90106 011 \*\*\*150.00

**DOCUMENT # P94000075248**

1. Entity Name  
**CHATANI ENTERPRISES, INC.**



Principal Place of Business  
**630 N 3RD STREET  
JACKSONVILLE BEACH, FL 32250**

Mailing Address  
**PO BOX 49247  
JACKSONVILLE BEACH, FL 32240**

**44005590**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01222004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

**59-3272457**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CHATANI, ANDREW  
317 SEMINOLE RD  
ATLANTIC BEACH, FL 32233**

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

*Andrew Chatani*

*1-22-04*

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, 2004 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 ☐ Delete  
NAME CHATANI, ANDREW  
STREET ADDRESS 317 SEMINOLE RD  
CITY-ST-ZIP ATLANTIC BEACH, FL 32233

TITLE S ☐ Delete  
NAME CHATANI, PAUL  
STREET ADDRESS 317 SEMINOLE RD  
CITY-ST-ZIP ATLANTIC BEACH, FL 32233

TITLE O ☐ Delete  
NAME BLACKMON, ANNE  
STREET ADDRESS 317 SEMINOLE RD  
CITY-ST-ZIP ATLANTIC BEACH, FL 32233

TITLE O ☐ Delete  
NAME DEPALMA, JOSEPH  
STREET ADDRESS 317 SEMINOLE RD  
CITY-ST-ZIP ATLANTIC BEACH, FL 32233

TITLE O ☐ Delete  
NAME STANFORD, DONALD  
STREET ADDRESS PO BOX 49247  
CITY-ST-ZIP JACKSONVILLE BEACH, FL 32240

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Andrew Chatani* *Andrew Chatani* *1-22-04* *954 680 7755*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #