

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2006 08:00 AM
Secretary of State

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



01132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3272457

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CHATANI, ANDREW
630 N. 3RD ST
JACKSONVILLE BEACH, FL 32250

**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

Andrew Chatani

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

(NOTE: Registered Agent signature required when reappointing)

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

UNFILED 1421179
02/16/06 00024-016-150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME CHATANI, ANDREW
STREET ADDRESS 630 N 3RD ST
CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250

TITLE S
NAME CHATANI, PAUL
STREET ADDRESS 630 N. 3RD ST
CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250

TITLE O
NAME BLACKMON, ANNE
STREET ADDRESS 630 N. 3RD ST
CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250

TITLE O
NAME STANFORD, DONALD
STREET ADDRESS 630 N 3RD ST
CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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 fees empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #