2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000054987

CHATEAU (1996), INC.

FILED Apr 28, 2006 8:00 am Secretary of State

04-28-2006 90203 030 ***150.00

Principal Place of	f Business	Mailing Address		COO	2000	
-2019 CENTRE P	POINTE BLVD	2 019 CENTRE POINTE BL	VD-	600	30695	
SUITE TOT		SUITE 101	_			
TALLAHASSEE, F	FL 32308 -	TALLAHASSEE, FL. 32308	3		ALIE MATH ARINE THE NITH HERE IN THE PROPERTY OF THE	
2. Priecipal Place of Business						
2. Principal Place of Business 3. Mailing Address P. O. Box			(2579		81)) 82)) 88)81 81 11 81 11 81 11 12 18 18 11 18 11 18 11 18 11 18 11 18 11 18 11 18 11 18 11 18 11 18 11 18	
Suite, Apt, #Le		Suite, Apt. #, etc.	100/		CD0E004 (44/05)	
	H 107			04262006 Chg-P	CR2E034 (11/05)	
City & State City & State			E,	4. FEI Number	Applied For	
Tallahassee, 12 Tallahass				59-3388015	Not Applicable	
Zip	Country D.	Zip 32317	Country	5. Certificate of Status Des	ired S8.75 Additional	
325	99 USH		USA	7 Name and Address of A	Fee Required	
Nama				7. Name and Address of N		
MOTORCE H. JAY				ohn P. Mothice	0	
20/9 GENTRE PRINTE BLYD			Street Addres	Street Address (P. g. Box Number is Not Acceptable)		
\$\int 101- /			446	Canradi S	F. 27 11101	
TALLAHASSEE, FL-32808						
City Talla			laborese	FL Zip Code		
8. The above ranged 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 acc					of Florida Lam familiar with and accent	
the obligations of registered agent.						
John P. Mottice, Vice President 4/26/06					4126106	
SIGNATURE Signature, 1/bed or printed name of registered agent and title if applicable (NOTE. Registered Agent sign					DATE	
Opportunity of the control of the co						
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be						
After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution.				Added to Fees		
10. OFFICERS AND DIRECTORS ■ 11			11.	ADDITIONS/CHANGES TO	O OFFICERS AND DIRECTORS IN 11	
TITLE PS		Delete	TITLE P		Change Addition	
1	OTTICE, H. JAY		NAME (34	ر حی		
STREET ADDRESS 20	2019 CENTRE POINTE BLVD STE 101-		STREET ADDRESS 41	the Conradi S	2 11 10 1	
CITY-ST-ZIP TA	ALLAHASSEE, FL 3 2308		CITY-ST-ZIP	allahasser, F	L 32304	
TITLE S	i		TITLE 5	V -	C 3 2 3 0 4 Addition	
NAME M	IOTTICE, H JAY	3	NAME 3	ance	H 107	
	IOTTICE, IT JAT	~~		11 Course of 1 ST		
STREET ADDRESS -20	019 CENTRE POINTE BLVD ST I	= 101-	STREET ADDRESS	ance 14 Conradi St	3 - 3 - 4	
CITY-ST-ZIP TA	019 CENTRE POINTE BLVD ST I ALLAHASSEE, FL 3 2308	- 101-	STREET ADDRESS CHY-ST-ZIP	Tallahassey	FL 32304	
CITY-ST-ZIP TA	019 CENTRE POINTE BLVD STI ALLAHASSEE, FL 32308	1000	CITY-ST-ZIP TIFLE	allahasser	FL 32304	
CITY-ST-ZIP TA TITLE V NAME MI	019 CENTRE POINTE BLVD 971 ALLAHASSEE, FL 32308	1-1	CITY-ST-ZIP TITLE NAME	allahassey	FL 32304	
CITY-ST-ZIP TA IITLE V NAME MI STREET ADDRESS 240	019 CENTRE POINTE BLVD 9TO ALLAHASSEE, FL 32308 OTTICE, JOHN P. 019 CENTRE POINTE BLVD STO	1-1	CITY-ST-ZIP TIFLE NAME STREET ADDRESS	allahasseen St. (Same) St. (Same) St.	FL 32304 Genange Addition T. H 107	
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CITY-ST-ZIP TA IITLE V NAME MI STREET ADDRESS 26 CITY-ST-ZIP TA	019 CENTRE POINTE BLVD 9TO ALLAHASSEE, FL 32308 OTTICE, JOHN P. 019 CENTRE POINTE BLVD STO	~ 1 T	CITY-ST-ZIP TIFLE NAME STREET ADDRESS CITY-ST-ZIP	allahassee, still Conradi St. Conradi St. Conradi St. Tallahassee,	FL 32304 Change Addition	

12. I hereby certify that the information supplied with this filling 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.

TITLE

NAME STREET ADDRESS

TITLE NAME

CITY - ST - ZIP

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

NAME STREET ADDRESS

STREET ADORESS

CITY-ST-ZIP

CITY-ST-ZIP

John P. Moltice 1

Delete

. . . .

Delete

Vice President

4/26/06

850-386-2117

Daytime Phone #

☐ Change

☐ Change

Addition

☐ Addition