


2005- **FOR PROFIT CORPORATION**
2006: **ANNUAL REPORT (AR)**

DOCUMENT # P98000070796	
1. Entity Name Chatham Manufacturing Corp.	

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TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 300 E. Park Avenue Suite, Apt. #, etc.	3. Mailing Address 300 E. PARK AVENUE Suite, Apt. #, etc.
City & State Tallahassee, FL	City & State TALLAHASSEE, FL
Zip 32301	Country USA

REINSTATEMENT

4. FEI Number 59-3524731	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name Frederick L. Bateman, Jr.
Street Address (P.O. Box Number is Not Acceptable) 300 E. Park Avenue
City Tallahassee FL Zip Code 32301

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 _____ DATE 7/25/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended AR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP CEO Frederick L. Bateman, Jr. 300 E. Park Avenue Tallahassee, FL 32301	TITLE NAME STREET ADDRESS CITY-ST-ZIP 700078068577 07/27/06--01050--025 **300.00
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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 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 #

7/25/06

850-222-1020