## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# V24922

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

TALLAHASSEE, FL 32312

CHILDERS, MARILYN M

8987 EAGLES RIDGE DRIVE

TALLAHASSEE, FL 32312

() Delete

Entity Name: CHILTON INVESTMENT INC.

FILED Apr 29, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
607 TENNESSEE ST TALLAHASSEE, FL 32304				609 WESTTENNESSEE ST TALLAHASSEE, FL 32304			
Current Mailing Address:				New Mailing Address:			
	BLANE CT. SSEE, FL 323	12					
FEI Number:	59-3119899	FEI Number Applied For ( )	FEI Num	ber Not Appli	cable ( )	Certificate of Status Desi	ired ( )
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
CHILDERS, JAMES H 607 TENNESSEE ST TALLAHASSEE, FL 32304 US				CHILDERS, JAMES H 609 TENNESSEE ST TALLAHASSEE, FL 32304 US			
The above in the State	named entity e of Florida.	submits this statement for the p	purpose of	changing it	s registered c	office or registered agen	it, or both,
SIGNATURE:				04/29/2009			
	Electron	nic Signature of Registered Age	ent			Date	
Election Car	npaign Financin	g Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P ( HUSTON, JENN 8774 DUNBLAI TALLAHASSEE	NE CT.		Title: Name: Address: City-St-Zip:	P (X WALTERSP, JI 8774 DUNBLAN TALLAHASSEE	NE CT.	
Title: Name: Address: City-St-Zip:	VP ( CHILDERS, JA 8987 EAGLES TALLAHASSEE	RIDGE DR.		Title: Name: Address: City-St-Zip:	( )	) Change ()Addition	
Title: Name:	S ( CHILDERS, MA 8987 FAGLES			Title: Name:		) Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JENNIFER WALTERS P 04/29/2009

() Change () Addition