


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 13, 2006 08:00 AM**  
**Secretary of State**


DOCUMENT # F74210  
 1. Entity Name  
 CHATEAU VILLAGE PLAZA, INC.



Principal Place of Business  
 600 ELMWOOD PK BLVD  
 HARAHAH, LA 70123 US

Mailing Address  
 600 ELMWOOD PK BLVD  
 HARAHAH, LA 70123 US

**DO NOT WRITE IN THIS SPACE**



07052006 No Chg-P CR2E034 (11/05)

4. FEI Number 74-2227952	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KEENEY, MICHAEL D  
 900 GULFSHORE DRIVE, #1023  
 DESTIN, FL 32541

**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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

U00000570016  
 07/13/06 80012-011 150.00  
 DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 6, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KEENEY, MICHAEL D 5521 REBECCA BLVD KENNER, LA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KEENEY, CECIL M. 900 GULFSHORE DRIVE, #1023 DESTIN, FL 32541
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 like empowered.

SIGNATURE: Michael D Keeney 7/15/06 (504) 734-8000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #