



Reply to:

9 MAY 12 AM 8:41

May 6, 2009

Top Hat Plan Administration
Pension and Welfare Benefits Administration
Room N-5638
United States Department of Labor
200 Constitution Avenue, N.W.
Washington, D C 20210

Dear Sir or Madam:

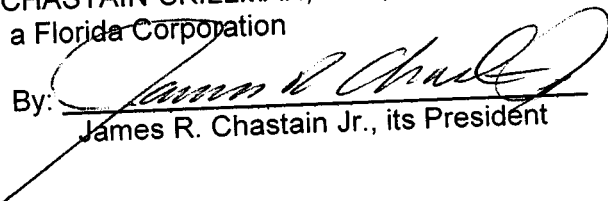
In order to comply with the requirements of the alternative reporting and disclosure method under ERISA, Parts 1, Title 1, as provided for an unfunded plan for a select group of management or highly compensated employees in the D.O.L. Regulation 2520.104-23, the following information is provided:

1. The name of the employer is:
CHASTAIN-SKILLMAN, INC., a Florida corporation
2. The mailing address of the employer is:
P. O. Box 5710
Lakeland, FL 33807-5710
3. The employer federal identification number (EIN) is:
59-0619876
4. The number of the plans and the number of participants in each plan is:
One (1) plan covering four (4) employees. The above named employer maintains this plan primarily for the purpose of providing deferred compensation benefits to a select group of management or highly compensated employees.

The employer will send a copy of all plan documents and agreements to the Secretary, upon request.

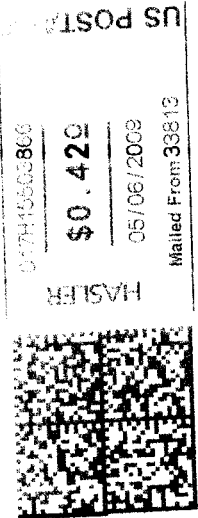
Respectfully submitted,

CHASTAIN-SKILLMAN, INC.,
a Florida Corporation

By: 
James R. Chastain Jr., its President

engineers • scientists • surveyors
3 **chastain**
skillman
incorporated

4705 Old Highway 37
P.O. Box 5710
Lakeland, FL 33807-5710



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