


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 08:00 AM
Secretary of State

DOCUMENT # 248064
 1. Entity Name
CHAPMAN & ASSOCIATES, INC.



Principal Place of Business Mailing Address
1877 NORTHGATE BLVD. **1877 NORTHGATE BLVD.**
SARASOTA, FL 34234 US **SARASOTA, FL 34234 US**

DO NOT WRITE IN THIS SPACE



01152004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2061511 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CHAPMAN, ARTHUR
1877 NORTHGATE BLVD.
SARASOTA, FL 34234

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

U00000011181
 01/23/04-80027-022 150.00

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	BECKMANN, C. DANA
STREET ADDRESS	6211 MEDICI COURT 110
CITY-ST-ZIP	SARASOTA, FL
TITLE	P
NAME	SCHACKOW, SAMUEL R
STREET ADDRESS	2355 MAGELLAN PKWY
CITY-ST-ZIP	SARASOTA, FL
TITLE	VP
NAME	HATIN, JAMES T
STREET ADDRESS	3654 HISPANIA PL STE 14
CITY-ST-ZIP	PT CHARLOTTE, FL
TITLE	ST
NAME	CHAPMAN, ARTHUR
STREET ADDRESS	5136 ADMIRAL PLACE
CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this report 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **1-21-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #