

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90108 026 ***150.00



DOCUMENT # 355244	
1. Entity Name CHAPARRAL STEAKHOUSE INC	
Principal Place of Business 2131 S. BYRON BUTLER PKWY PERRY FL 32345	Mailing Address 2131 S. BYRON BUTLER PKWY PERRY FL 32345
2. Principal Place of Business 2135 Hwy 19 South	3. Mailing Address 2135 Highway 19 South
Suite, Apt. #, etc.	Suite, Apt. #, etc.



1st MOORE CR2E034 (10/04)

City & State	City & State	4. FEI Number 59-1283477	Applied For <input type="checkbox"/> Not Applicable
Zip 32348	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DAVIS, HOKE JR. 601 NORTH QUINCY PERRY FL 32347		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		FL	Zip Code

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, 2005 Fee Will Be \$550.00
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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAVIS, HOKE JR.			NAME			
STREET ADDRESS	601 NORTH QUINCY			STREET ADDRESS			
CITY-ST-ZIP	PERRY FL 32347			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAVIS, HELEN			NAME			
STREET ADDRESS	601 NORTH QUINCY			STREET ADDRESS			
CITY-ST-ZIP	PERRY FL 32347			CITY-ST-ZIP			
TITLE	ST	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAVIS, DEREK			NAME			
STREET ADDRESS	2159 SOUTH BYRON BUTLER PKWY.			STREET ADDRESS			
CITY-ST-ZIP	PERRY FL 32347			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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 Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: X Hoke Davis Jr 3/31/05 205 843431
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #