


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Apr 23, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000040871**  
 1. Entity Name  
**CHAPARRAL AUTO TRANSPORT, INC.**



Principal Place of Business      Mailing Address  
 13950 62ND STREET N      13950 62ND STREET N  
 CLEARWATER, FL 33760      CLEARWATER, FL 33760

**DO NOT WRITE IN THIS SPACE**



01232007    No Chg-P    CR2E034 (11/05)

4. FEI Number <b>91-2193312</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**CHISHOLM, GARY**  
 13950 62ND STREET N  
 CLEARWATER, FL 33760

**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 \_\_\_\_\_ 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, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	CHISHOLM, GARY
STREET ADDRESS	13950 62ND STREET N
CITY-ST-ZIP	CLEARWATER, FL 33760
TITLE	D
NAME	CHISHOLM, DONNA
STREET ADDRESS	13950 62ND STREET N
CITY-ST-ZIP	CLEARWATER, FL 33760
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

U00000726458  
 05/04/07-80008-013 150.00

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:** Gary Chisholm      **Gary Chisholm**      4-19-07      727-531-6300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #