

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000091624

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** CHAPA HOME REPAIR & REMODELING INC.

**Current Principal Place of Business:**

2705 STEVE ROBERTS SPECIAL  
ZOLFO SPRINGS,FL, 33890 US

**New Principal Place of Business:**

2705 STEVE ROBERT SPECIAL  
ZOLFO SPRINGD, FL 33890 US

**Current Mailing Address:**

2705 STEVE ROBERTS SPECIAL  
ZOLFO SPRINGS,FL, 33890 US

**New Mailing Address:**

2705 STEVE ROBERTS SPECIAL  
ZOLFO SPRINGS, FL 33890 US

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

POWELL, CONNIE E  
263 BOYD COWART RD  
WAUCHULA, FL 33873 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CHAPA, DAVID SR.  
Address: 2705 STEVE ROBERTS SPECIAL  
City-St-Zip: ZOLFO SPRINGS, FL 33890 US

Title: S/T  
Name: CHAPA, RACHEL D  
Address: 2705 STEVE ROBERTS SPECIAL  
City-St-Zip: ZOLFO SPRINGS, FL 33890 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DAVID CHAPA

DIRE

04/30/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date