


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**

**Feb 20, 2006 08:00 AM  
Secretary of State**

DOCUMENT # P94000027943  
1. Entity Name  
CHAPARRAL TRUCKING, INC.



Principal Place of Business 13950 62ND ST. NORTH CLEARWATER, FL 34620	Mailing Address 13950 62ND ST. NORTH CLEARWATER, FL 34620
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01202006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEF Number 59-3244025	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, RUSTY  
9036 127TH ST  
SEMINOLE, FL 34646

**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 \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHISHOLM, RUSTY 9036 127TH ST SEMINOLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHISHOLM, KARAN 9036 127TH ST SEMINOLE, FL
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03/04/06-80040-019-150.00

**DO NOT WRITE IN THIS SPACE**

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: *Rusty Chisholm* RUSTY CHISHOLM *2-15-06* 927-531-6300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #