


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000007107
 1. Entity Name
CHAPARRAL INN, INC.



Principal Place of Business Mailing Address
 2159 S. BYRON BUTLER PARKWAY 2159 S. BYRON BUTLER PARKWAY
 PERRY, FL 32348 PERRY, FL 32348

DO NOT WRITE IN THIS SPACE



04012005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3300637	Applied For Not Applicable
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

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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V DAVIS, HOKE JR. 601 NORTH QUINCY PERRY, FL 32347
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DAVIS, HELEN 601 NORTH QUINCY PERRY, FL 32347
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST DAVIS, GARY ROUTE 4 BOX 412 PERRY, FL 32347
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

110000285790
 04/04/05-80002-014 150.00

DO NOT WRITE IN THIS SPACE

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: Hoke Davis Jr. Date: 3/31/05 Daytime Phone #: 850-884-3431
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR