


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 29, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000039441**  
 1. Entity Name  
**CHAPARRAL ENTERPRISES, INC.**



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

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt #, etc. Suite, Apt #, etc.

City & State City & State

Zip Country Zip Country



1st MOORE CR2E034 (10/04)

4. FEI Number **59-3553661** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**CHISHOLM, KARAN**  
**13950 62ND ST N**  
**CLEARWATER FL 33760**

7. Name and Address of New Registered Agent  
 Name  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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

TITLE	D <input type="checkbox"/> Delete
NAME	CHISHOLM, DONNA
STREET ADDRESS	13950 62ND ST N
CITY - ST - ZIP	CLEARWATER FL 33760
TITLE	D <input type="checkbox"/> Delete
NAME	CHISHOLM, GARY
STREET ADDRESS	13950 62ND ST N
CITY - ST - ZIP	CLEARWATER FL 33760
TITLE	D <input type="checkbox"/> Delete
NAME	CHISHOLM, KARAN
STREET ADDRESS	13950 62ND ST N
CITY - ST - ZIP	CLEARWATER FL 33760
TITLE	D <input type="checkbox"/> Delete
NAME	CHISHOLM, RUSTY
STREET ADDRESS	13950 62ND ST N
CITY - ST - ZIP	CLEARWATER FL 33760
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	13950 62ND ST N
CITY - ST - ZIP	CLEARWATER FL 33760
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: Karan Chisholm Karan Chisholm 4-27-05 727-531-6300  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #