

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

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

**DOCUMENT # P98000039441**

1. Entity Name  
**CHAPARRAL ENTERPRISES, INC.**



Principal Place of Business  
**13950 62ND ST N  
 CLEARWATER, FL 33760**

Mailing Address  
**13950 62ND ST N  
 CLEARWATER, FL 33760**

**DO NOT WRITE IN THIS SPACE**



01232007 No Chg-P CR2E034 (11/05)

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**

**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

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

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 05/04/07-80010-002 150.00

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