

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 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
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DO NOT WRITE IN THIS SPACE



03312008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3553661	Applied For <input type="checkbox"/> Not Applicable
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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 _____ (NOTE: Registered Agent signature required when reconstating) _____ **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing **\$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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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** **4-8-08** **727-531-6300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #