

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000091624

**FILED**  
**Apr 28, 2014**  
**Secretary of State**  
**CC6121285810**

**Entity Name:** CHAPA HOME REPAIR & REMODELING INC.

**Current Principal Place of Business:**

2705 STEVE ROBERT SPECIAL  
ZOLFO SPRINGD, FL 33890

**Current Mailing Address:**

2705 STEVE ROBERTS SPECIAL  
ZOLFO SPRINGS, FL 33890 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

POWELL, CONNIE E  
263 BOYD COWART RD  
WAUCHULA, FL 33873 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P	Title	S/T
Name	CHAPA, DAVID SR.	Name	CHAPA, RACHEL D
Address	2705 STEVE ROBERTS SPECIAL	Address	2705 STEVE ROBERTS SPECIAL
City-State-Zip:	ZOLFO SPRINGS FL 33890	City-State-Zip:	ZOLFO SPRINGS FL 33890

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** DAVID CHAPA

**PRESIDENT**

**04/28/2014**

Electronic Signature of Signing Officer/Director Detail

Date