

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 339694

**FILED**  
**Jan 11, 2010**  
**Secretary of State**

**Entity Name:** CHAPMAN PEST CONTROL INC

**Current Principal Place of Business:**

1950 SE RIVER DR  
BRANFORD, FL 32008

**New Principal Place of Business:**

8611 47 DRIVE  
LIVE OAK, FL 32060

**Current Mailing Address:**

1950 SE RIVER DR  
BRANFORD, FL 32008

**New Mailing Address:**

8611 47 DRIVE  
LIVE OAK, FL 32060

**FEI Number:** 59-1228145

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHAPMAN, BILLIE I  
1950 SE RIVER DR  
BRANFORD, FL 32008 US

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

CHAPMAN, BILLIE I  
8611 47 DRIVE  
LIVE OAK, FL 32060 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

01/11/2010

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: CHAPMAN, BILLIE I.  
Address: 8611 47 DRIVE  
City-St-Zip: LIVE OAK, FL 32060

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: BILLIE CHAPMAN

PRES

01/11/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date