



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2004 8:00 am
Secretary of State

01-09-2004 90066 013 ***150.00

DOCUMENT # 364575					
1. Entity Name CHAPMAN CONTRACTING COMPANY					
Principal Place of Business 9550 E. COLUMBUS DR B TAMPA, FL 33619 US			Mailing Address 9550 E. COLUMBUS DR B TAMPA, FL 33619 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01062004 Chg-P CR2E034 (10/03)	
City & State		City & State		4. FEI Number 59-1294499	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required.	
6. Name and Address of Current Registered Agent CHAPMAN, ROBERT E. 9550 E. COLUMBUS DR, SUITE B TAMPA, FL 33619				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 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, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD NAME CHAPMAN, ROBERT E STREET ADDRESS 4512 COUNTRY GATE COURT CITY-ST-ZIP VALRICO, FL	<input type="checkbox"/> Delete		TITLE (address change only) NAME 4508 Country Gate Court STREET ADDRESS Valrico, FL 33594 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V NAME CHAPMAN, MORGAN STREET ADDRESS 129 HOLLY TREE LN CITY-ST-ZIP BRANDON, FL 33511	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V NAME VANDERHOOK, RICHARD W STREET ADDRESS 4435 AVENUE CANNES CITY-ST-ZIP TAMPA, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME MYERS, HOLLY H STREET ADDRESS 6529 KING PALM WAY CITY-ST-ZIP APOLLO BCH, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME BENNETT, JANE STREET ADDRESS 2401 CROSBY RD CITY-ST-ZIP VALRICO, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V NAME CHAPMAN, NICHOLAS E STREET ADDRESS 17320 DORMAN RD CITY-ST-ZIP LITHIA, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Holly H Myers, Treasurer</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			1/6/04 (813) 621-2467 Date Daytime Phone #		