

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # 643708

1. Entity Name

CECIL M. CHAPMAN PLASTERING AND DRYWALL, INC.



Principal Place of Business

**6511 N.E. 21ST AVE.
1006 N.E. 43 RD CT
FT. LAUDERDALE, FL 33334**

Mailing Address

**6511 N.E. 21ST AVE.
1006 N.E. 43 RD CT
FT. LAUDERDALE, FL 33334**



01312006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1935923

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CHAPMAN, CECIL M.
6511 N E 21 AVENUE
FT. LAUDERDALE, FL**

**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, 2006 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 **CHAPMAN, STEVEN, L V-CHR**
STREET ADDRESS **3701 N.W. 89TH AVE.**
CITY-ST-ZIP **CORAL SPRINGS, FL**

TITLE **DP**
NAME **CHAPMAN, CECIL M. CHRM**
STREET ADDRESS **6511 NE 21 AVE**
CITY-ST-ZIP **FT LAUDERDALE, FL**

TITLE
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IN THIS SPACE**

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02/17/06-80024-001 150.00

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: *Cecil M. Chapman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-02-06 954-565-9568
Date Daytime Phone #