

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 14, 2008 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



02192008 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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000857656  
04/01/08-80013-015 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	CHAPMAN, STEVEN, L V-CHR
STREET ADDRESS	3701 N.W. 99TH 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	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-05-08 954.585-9548

Date

Daytime Phone #