2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F60296

1. Entity Name
CHAPMAN, CHAPMAN & CHAPMAN, P. A.

Principal Place of Business	Mailing Address
% KENNETH D. CHAPMAN 1920 GOLF ST SARASOTA, FL 34236	% KENNETH D. CHAPMAN 1920 GOLF ST SARASOTA, FL 34236

DO NOT WRITE IN THIS SPACE

02042004   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
59-2182458		Not Applicable

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

6. Name and Address of Current Registered Agent

CHAPMAN, KENNETH D.
1920 GOLF ST
SARASOTA, FL 34236

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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, 2004 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	CHAPMAN, KENNETH D
STREET ADDRESS	1920 GOLF STREET
CITY-ST-ZIP	SARASOTA, FL 00000,

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/09/04-80046-023 150.00

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CITY-ST-ZIP	

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: _____   2-4-04   (941) 366-1600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #