


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Apr 28, 2005 08:00 AM**  
**Secretary of State**

|  |   |                                 |  |  |  |
|--|---|---------------------------------|--|--|--|
| <b>DOCUMENT # F93000001304</b><br>1. Entity Name<br><b>CHAPMAN CORPORATION</b>   |   |                                 |  |   |  |
| Principal Place of Business<br><b>103 EASTLAND RD.<br/>DOTHAN AL 36303</b>   |   |                                 | Mailing Address<br><b>P.O. BOX 220<br/>DOTHAN AL 36302</b>   |  |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.  |   |                                 | 3. Mailing Address<br>Suite, Apt. #, etc.                    |  |  |
| City & State   |   |                                 | City & State   |  |  |
| Zip  |   | Country                         |  | 4. FEI Number <b>63-0273642</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |                                 |  | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>BRYARS, LETHIA S<br/>7200 N. 9TH AVE.<br/>PENSACOLA FL 32524</b>   |   |                                 |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating)   |   |                                 |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>  |   |                                 |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees               |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |                                 | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DP<br>CHAPMAN, CHARLES H III<br>124 CHAPEL HILL RD<br>DOTHAN AL 36301 | <input type="checkbox"/> Delete |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DVP<br>CHAPMAN, DAVIS F<br>103 EASTGATE ROAD<br>DOTHAN AL 36303       | <input type="checkbox"/> Delete |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DST<br>COE, FLORRIE C<br>303 WHATLEY DR<br>DOTHAN AL 36301            | <input type="checkbox"/> Delete |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                       |                                 |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                       |                                 |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                       |                                 |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                       |                                 |  |  |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered. |   |                                 | U000000338141<br>04/28/05-80024-001 150.00                   |  |  |
| <b>SIGNATURE:</b> _____  |   |                                 | 4/26/05 (334) 792-5111                                       |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |   |                                 | Date Daytime Phone #   |  |  |