## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## May 14, 2007 8:00 am Secretary of State DOCUMENT # H32978 1. Entity Name 05-14-2007 90067 043 \*\*\*163.75 ROBERT CHAPMAN ENTERPRISES, INC. Principal Place of Business Mailing Address PO BOX 958 SI THIRD ST, BUSGI SHALIMAR FL 32579 POBOX 953 SI THIRD ST, BLAGI SHALIMAR FL 32579 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 51 THRD ST 51 THIRD ST Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) BLDG 1 BLDG 1 4. FEI Number 59-2470205 City & State City & State Applied For SHALIMAR SHALIMAR FL Not Applicable Country Country 32579 7in \$8.75 Additional 5. Certificate of Status Desired OKALOOSA OKALOOSA 32579 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MICHAEL GREUTMAN CHAPMAN, HELEN I Street Address (P.O. Box Number is Not Acceptable) 51 TH1RA ST, TECH CTR, BLDG \ 271 COUNTRY CLUB RD SHALIMAR FL 32579 Zip Code 3 2 5 7 9 SHALIMAR 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. (NOTE: Registered Agent signature required when reinstating) e r applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing / \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CHIEF FINANCIAL OFFICER ☐ Change Addition TITLE Delete TITLE CHAPMAN, HELEN NAME NAMI MICHAEL C. GREUTMAN 271 COUNTRY CLUB RD. STREET ADDRESS SI THIRD ST, BLOG I STREET ADDRESS SHALIMAR FL 32579 SHALIMAR FL. 32579 CITY-ST-ZIP CITY-SL-7IP ☐ Change TITLE Defete Addition TITLE NAME NAMI STREET ADDRESS STREET ADDRESS CHY-ST-7IP CHY-SI-ZIP TITLE ☐ Delete HHE ☐ Change ☐ Addition NAME MAM STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY - ST-7IP TITLE Delete BILLE ☐ Change Addition STREET ADDRESS STREET ADORESS CITY-ST-ZIP OTY-SI-ZIP Delete ☐ Change Addition HILE TITLE NAME NAMI STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- 7IP CITY-ST-/IP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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,

SIGNATURE:

CFU

3/27/07

**FILED** 

850-651-3443