

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 09, 2007 8:00 am**  
**Secretary of State**

02-09-2007 90027 048 \*\*\*150.00

**DOCUMENT # J74630**

1. Entity Name  
**CHAUBEC, INCORPORATED**



Principal Place of Business

**1407 1/2 JUNE AVE  
SUITE B  
PANAMA CITY, FL 32402 US**

Mailing Address

**1407 1/2 JUNE AVE  
SUITE B  
PANAMA CITY, FL 32402 US**

**40012877**



01062007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2874411**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BRIGMAN, M.P.  
1407 1/2 JUNE AVE  
SUITE B  
PANAMA CITY, FL 32402**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	VD
NAME	HADLEY, R F
STREET ADDRESS	1407 1/2 JUNE AVE STE B
CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	TD
NAME	BRIGMAN, M.P. III
STREET ADDRESS	1407 1/2 JUNE AVE STE B
CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	PD
NAME	BRIGMAN, M. P.
STREET ADDRESS	1407 1/2 JUNE AVE STE B
CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	VS
NAME	SCARPA, J.R.
STREET ADDRESS	1407 1/2 JUNE AVE STE B
CITY-ST-ZIP	PANAMA CITY, FL 32402
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:**

*Mr P Ryan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-20-07**