

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000050304

1. Entry Name
CHAPMAN ENTERPRISES, LLC



Principal Place of Business
**% MS. LAURA PIPPIN
1002 W. 23RD STREET, SUITE 400
PANAMA CITY, FL 32405**

Mailing Address
**% MS. LAURA PIPPIN
1002 W. 23RD STREET, SUITE 400
PANAMA CITY, FL 32405**



02122008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2968763

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PIPPIN, LAURA
1002 W. 23RD STREET
SUITE 400
PANAMA CITY, FL 32405**

**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 \$138.75
After May 1, 2008 Fee will be \$538.75**

U00000941735
05/28/08-80120-001 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
CHAPMAN, JOSEPH F III
1002 W. 23RD STREET, SUITE 400
PANAMA CITY, FL 32405**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
CHAPMAN, JEANNETTE B
1002 W. 23RD STREET, SUITE 400
PANAMA CITY, FL 32405**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Joseph F. Chapman, III

4/10/08

(850) 769-8981

Date

Daytime Phone #