

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L05861

Entity Name: CHAPS LIMITED, INC.

FILED  
Apr 22, 2009  
Secretary of State

## Current Principal Place of Business:

P. O. BOX 5771  
LAKELAND, FL 338075771

## New Principal Place of Business:

5015 S FLORIDA AVE  
301  
LAKELAND, FL 33813

## Current Mailing Address:

P. O. BOX 5771  
LAKELAND, FL 338075771

## New Mailing Address:

FEI Number: 59-2960904      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WILSON, ALVIN W., JR.  
5509 SCOTTVIEW LANE  
LAKELAND, FL 33813      US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D      ( ) Delete  
Name: WILSON, ALVIN W., JR.  
Address: 5509 SCOTTVIEW LANE  
City-St-Zip: LAKELAND, FL 33813

Title: D      ( ) Delete  
Name: WILSON, CECILIA  
Address: 5509 SCOTTVIEW LANE  
City-St-Zip: LAKELAND, FL 33813

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALVIN W WILSON

P

04/22/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date