

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # L15775
1. Entity Name
CHAPMAN CONCRETE, INC.



Principal Place of Business
**% LARRY L CHAPMAN
4840 BULLIS RD
ST CLOUD, FL 34772**

Mailing Address
**% LARRY L CHAPMAN
4840 BULLIS RD
ST CLOUD, FL 34772**

DO NOT WRITE IN THIS SPACE



04062005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2965958

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

Applied For
Not Applicable

6. Name and Address of Current Registered Agent
**CHAPMAN, LARRY L
4840 BULLIS RD
ST CLOUD, FL 34772**

**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 _____ (NOTE: Registered Agent signature required when reappointing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S CHAPMAN, NANCY 4840 BULLIS RD. ST. CLOUD, FL 34772 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T CHAPMAN, BRENT 4840 BULLIS RD. ST. CLOUD, FL 34772 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P CHAPMAN, LARRY 4840 BULLIS RD ST CLOUD, FL 34772 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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IN THIS SPACE**

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04/11/05-80056-008 150.00

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Nancy Chapman/Nancy Chapman **4-8-05** **(407)892-8382**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #