2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Feb 17, 2006 08:00 AM DOCUMENT # L15775 **Secretary of State** 1. Entity Name CHAPMAN CONCRETE, INC. Principal Place of Business Mailing Address % LARRY L CHAPMAN 4840 BULLIS RD ST CLOUD FL 34772 % LARRY L CHAPMAN 4840 BULLIS RD ST CLOUD FL 34772 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 59-2965958 Not Applicat Z≀p Country Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHAPMAN, LARRY L Street Address (P.O. Box Number is Not Acceptable) 4840 BULLIS RD ST CLOUD FL 34772 Zip Code City 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 access the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title it applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May : 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10, OFFICERS AND DIRECTORS 11. TITLE Change □A⊹ TITLE Delete U00000438682 NMME NAME CHAPMAN, NANCY 03/01/06-30015-013 150.00 STREET ADDRESS 4840 BULLIS RD. STREET ADDRESS CITY-ST-ZIP ST. CLOUD FL 34772 CITY-SI-ZIP ☐ Change □ Add 7771.8 ☐ Delote TITLE NAME CHAPMAN, BRENT NAME STREET ADDRESS STREET ADDRESS 4840 BULLIS RD. CITY-ST-ZIP City-St-7IP ST. CLOUD FL 34772 ma Change My Villa CITUE ☐ Delete NAME NAME CHAPMAN, LARRY STREET ADDRESS STREET ADDRESS 4840 BULLIS RD CITY-ST-ZIP ST CLOUD FL 34772 CITY-ST-ZIP ☐ Change □ Ask ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TETLE ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-71P CITY-ST-ZIP ☐ Defete ☐ Change □ As: NAME NAME STREET ADDRESS STREET ADDRESS City-ST-70P CITY-ST-ZIP 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 oath, that I am an officer or direction 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 if changed, or on an attachment with an address, with all other like empowered.

Harman Mancy Chapman Secretary 2-14-06 (407) 892-838

FILED