


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # L15775 1. Entity Name CHAPMAN CONCRETE, INC.	
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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
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E034 (10/06)

4. FEI Number 59-2965958	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHAPMAN, LARRY L 4840 BULLIS RD ST CLOUD FL 34772	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	S CHAPMAN, NANCY	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4840 BULLIS RD.	NAME	U00000630586
STREET ADDRESS	ST. CLOUD FL 34772	STREET ADDRESS	02/20/07-80012-020 150.00
CITY-STATE-ZIP		CITY-STATE-ZIP	
<input type="checkbox"/> Delete	T CHAPMAN, BRENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	4840 BULLIS RD.	NAME	
STREET ADDRESS	ST. CLOUD FL 34772	STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
<input type="checkbox"/> Delete	P CHAPMAN, LARRY	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	4840 BULLIS RD	NAME	
STREET ADDRESS	ST CLOUD FL 34772	STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-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 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 2-9-07 (407) 892-8382
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #