

2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N97000007105

1. Entity Name
JOHN D. CHAPMAN "SEEHEAR" CORPORATION



Principal Place of Business
131 WOODBINE CIRCLE
FT. WALTON BEACH, FL 32548

Mailing Address
131 WOODBINE CIRCLE
FT. WALTON BEACH, FL 32548

FILED
Jan 27, 2006 08:00 AM
Secretary of State



01232006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-3488929 Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CHAPMAN, JOHN D
131 WOODBINE CIRCLE
FT. WALTON BEACH, FL 32548

**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

Filing Fee is \$61.25
Due by May 1, 2006

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	D CHAPMAN, JOHN D 131 WOODBINE CIRCLE FT. WALTON BEACH, FL 32548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAPMAN, VERA E 131 WOODBINE CIRCLE FT. WALTON BEACH, FL 32548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAPMAN, NEIL A 9025 HEMINGWOOD COURT RALEIGH, NC 27613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR O'ROURKE, DANIELS S P 22 NARLBOROUGH RD SHALIMAR, FL 32579
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR PECA, LOUIS P 437 WOODBINE CIRCLE FORT WALTON BEACH, FL 32548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR KELLY, ROSE MARIE 284 ECHO CIRCLE FORT WALTON BEACH, FL 32548

U00000403662
02/06/06-80016-005 61.25

**DO NOT WRITE
IN THIS SPACE**

12. 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 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 617, 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: John D. Chapman JOHN D. CHAPMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 23, 2006 850 862 1196
Date Daytime Phone #