~2006 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P01000024692

CHAPMAN ENTERPRISES OF CENTRAL FLORIDA, INC.



FILED Sep 07, 2006 08:00 AN Secretary of State

Principal Place of Business

10601 US HWY 441 E4 LEESBURG, FL 34788

Mailing Address

10601 US HWY 441 E4 LEESBURG, FL 34788



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DO NOT	WRITE	IN T	HIS	SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DEFICER OR DIRECTOR

CR2E034 (11/05) 05312006 No Chg-P Applied For 4. FEI Number

59-3705328 Not Applicable \$8.75 Additional 5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

CHAPMAN, DAVID 1812 MAINE COURT TAVARES, FL 32778

SIGNATURE:

DO NOT WRITE IN THIS SPACE

							*
	named entity submits this statement for the plons of registered agent.	urpose of changing its registere	d office or re	egistered agent, or bo	th, in the State of Florida.	I am familiar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agent and little in	I applicable. (NOTE, Registered	I Agent signature	required when reinstating)		MATE	.
	LE NOW!!! FEE IS \$550.00 ue by September 6, 2006	Election Campaigr. Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	,		
10.	OFFICERS AND DIREC	CTORS		4		٠	
TITLE NAME STREET ADDRESS CHY ST-ZIP	D CHAPMAN, DAVID 1812 MAINE COURT TAVARES, FL-32778					:355 102-004 55	0.00
TITLE NAME STREET ADDRESS CITY:ST-ZIP	. !			•			
NAME STREET ADDRESS CHY-ST-ZIP	·			DO	NOT WRI	TE	
NAME STREET ADDRESS CITY-ST-ZIP		•		IN ⁻	THIS SPA	CE	
TITLE MAMI STREET ADDRESS CHY+ST-ZIP			, 2			'()	• 5
TITLE NAME STREET ADDRESS CITY-ST ZIP		•	· .	to the second se	e e e e e e e e e e e e e e e e e e e		
indicated of the cor	certify that the information supplied with this fi on this report or supplemental report is true a poration or the receiver or trustee empowered or on an attachmed with an address, with all	and accurate and that my signat d to execute this report as requir	ure shall hav	re the same legal effec	ct as if made under oath; t	hat I am an officer	or director

Daytime Phone #