

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000043163

Entity Name: CHAPMAN ESTATES, INC.

FILED  
Apr 14, 2006  
Secretary of State

## Current Principal Place of Business:

523 BALL ST  
NEW SMYRNA BEACH, FL 32168

## New Principal Place of Business:

241 MIDDLE WAY  
NEW SMYRNA BEACH, FL 32169

## Current Mailing Address:

523 BALL ST  
NEW SMYRNA BEACH, FL 32168

## New Mailing Address:

241 MIDDLE WAY  
NEW SMYRNA BEACH, FL 32169

FEI Number: 59-3715375

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

CHAPMAN, NEIL  
523 BALL ST  
NEW SMYRNA BEACH, FL 32168 US

## Name and Address of New Registered Agent:

CHAPMAN, NEIL C PRES  
241 MIDDLE WAY  
NEW SMYRNA BEACH, FL 32169 US

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.

SIGNATURE: NEIL CHAPMAN

04/14/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: CHAPMAN, NEIL  
Address: 523 BALL ST  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: PRES ( ) Delete  
Name: CHAPMAN, NEIL  
Address: 523 BALL ST  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: CHAPMAN, NEIL  
Address: 241 MIDDLE WAY  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: PRES (X) Change ( ) Addition  
Name: CHAPMAN, NEIL  
Address: 241 MIDDLE WAY  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NEIL CHAPMAN

PRES

04/14/2006

Electronic Signature of Signing Officer or Director

Date