2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P01000046715

1. Entity Name
MARIANNE CHAPMAN, M.ED., P.A.

Principal Place of Business	Mailing Address
334 2RD AVE NORTH JACKSONVILLE BEACH, FL 32250	1820 SEVILLE BLVD #207 ATLANTIC BCH, FL 32233

DO NOT WRITE IN THIS SPACE

02162005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3719429	Not Applicable

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

6. Name and Address of Current Registered Agent

CHAPMAN, MARIANNE
1820 SEVILLE BLVD #207
ATLANTIC BCH, FL 32233

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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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CHAPMAN, MARIANNE
STREET ADDRESS	1820 SEVILLE BLVD #207
CITY-ST-ZIP	ATLANTIC BCH, FL 32233

0000000243266
02/25/05-80030-020 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____   2/23/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #