

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000078105

FILED  
Jan 09, 2004  
Secretary of State

Entity Name: CHAPMAN TOOL AND MOLD INC.

## Current Principal Place of Business:

15440 AVIATION LOOP DRIVE  
BROOKSVILLE, FL 01204 US

## New Principal Place of Business:

15440 AVIATION LOOP DRIVE  
BROOKSVILLE, FL 34604 US

## Current Mailing Address:

15440 AVIATION LOOP DRIVE  
BROOKSVILLE, FL 01204 US

## New Mailing Address:

15440 AVIATION LOOP DRIVE  
BROOKSVILLE, FL 34604 US

FEI Number: 59-3737488

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHAPMAN, ROBERT F  
5319 WELLFIELD RD.  
NEW PORT RICHEY, FL 34655

## Name and Address of New Registered Agent:

CHAPMAN, ROBERT F  
5319 WELLFIELD RD.  
NEW PORT RICHEY, FL 34655 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:

01/09/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: CHAPMAN, ROBERT F SR.  
Address: 5319 WELLFIELD RD.  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: S ( ) Delete  
Name: CHAPMAN, DEBORAH R  
Address: 5319 WELLFIELD ROAD  
City-St-Zip: NEW PORT RICHEY, FL 34655

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DEBORAH R. CHAPMAN

S

01/09/2004

Electronic Signature of Signing Officer or Director

Date