

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 27, 2004 8:00 am**  
**Secretary of State**

07-27-2004 90039 005 \*\*\*150.00

**DOCUMENT # P01000102674**

1. Entity Name  
**CHAPARRAL CORPORATION**



Principal Place of Business  
601 E. ROSERY RD. N.E.  
LARGO, FL 33770

Mailing Address  
4420 FM 1960 WEST  
SUITE 224  
HOUSTON, TX 77068

**44050196**



07172004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**74-3019391**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

KEATING, JOHN K  
749 NORTH GARLAND AVENUE  
SUITE 101  
ORLANDO, FL 32801

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE: D  
NAME: YALAMANCHILI, CHOWDARY MR.  
STREET ADDRESS: 4420 FM 1960 WEST #224  
CITY-ST-ZIP: HOUSTON, TX 77068

TITLE: D  
NAME: FERUCCI, MARK A MR.  
STREET ADDRESS: 1209 ORANGE STREET  
CITY-ST-ZIP: WILMINGTON, DE 19801

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #