

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000107818

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: CHAPPY'S GUIDE AND TOUR, INC.

**Current Principal Place of Business:**

765 E STATE ROAD 78  
LAKEPORT, FL 33471

**New Principal Place of Business:**

**Current Mailing Address:**

765 E STATE ROAD 78  
LAKEPORT, FL 33471

**New Mailing Address:**

FEI Number: 65-1151855

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HENDRY, JOSEPH M II  
606 W SUGARLAND HIGHWAY  
CLEWISTON, FL 33440 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CHAPMAN, DAVID  
Address: 765 E STATE ROAD 78  
City-St-Zip: LAKEPORT, FL 33471

Title: STD ( ) Delete  
Name: CHAPMAN, DONNA KAY  
Address: 765 E STATE ROAD 78  
City-St-Zip: LAKEPORT, FL 33471

**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: DAVID CHAPMAN

PD

04/29/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date