## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 03, 2004 8:00 am Secretary of State 05-03-2004 91255 028 \*\*\*150.00

DOCUMENT # P0300008792  1. Entity Name MIKE CHAPMAN, INC.								05-03-200			50.00
Principal Place 19413 PALM ORLANDO, FL	Mailing Address 19413 PALMVIEW STR ORLANDO, FL 32833				4 1820/1884 184	<b>16/31</b> May <b>16</b> /41 <b>63</b> /47 <b>34</b>			<b>1 1</b> 1 1 1 <b>1 1 1</b> 1		
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01112004	Chg-P	CR2E0	34 (10/03)		
City & State			City & State				4. FEI Number	้ 389 ล 3	33	<del></del>	olied For Applicable
Zip	-Country		Zip Coun		try	5. Gertificate of Status Desired			S8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent					Name		7. Name and	Address of New I	Registered	Agent	
CHAPMAN, MIKE 19413 PALMVIEW STREET ORLANDO, FL 32833						ddress (	P.O. Box Numb	er is Not Acceptabl	FL	Zip Code	
- <del></del>	. 2.	<del>- +</del>	<del></del>		City	<del></del>				<u>· 1 </u>	
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						re required	when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financing \$5.  Trust Fund Contribution.							.00 May Be ed to Fees				
10.		OFFICERS AND	DIRECTORS	11.				CHANGES TO OF	FICERS AND		IN 11
TITLE	D,P	NI NAIVE	Delete	TITLI	E .	D.P.	Samour I	Mike		<b>C</b> hange	☐ Addition
NAME CHAPMAN, MIKE SIREEI ADDRESS 19413 PALMVIEW STREET			•	EET ADDRESS	Chapmanimise 19413 Palmview Street						
CITY-ST-ZIP ORLANDO, FL 32833					-ST-ZIP	Orlo	undo, Fl	32833			
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NAME	1		- 1.7	NAM	1						
STREET ADDRESS CITY-ST-ZIP	{				EET ADDRESS (-ST-ZIP						
	certify that th	ne information supplied with	this filing does not qualify for			ed in Se	ection 119 07/3	(i). Florida Statutes	I further ce	rtify that the in	iformation
indicated	l on this repo	ort or supplemental report is	s true and accurate and that	my signa	ature shall h	ave the	same legal effe	ct 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:  (50) 228-0768											
SIGNAT	URE.	Markel	Chapma	2d			9	1/30/04	(Su	1) 228-	0768

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR