2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P03000040871

1. Entity Name CHAPARRAL AUTO TRANSPORT, INC.



FILED Feb 20, 2006 08:00 AN Secretary of State

13950 62ND STREET N 1395		failing Address 13950 62ND STREET N CLEARWATER, FL 33760		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		## # #	
DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent CHISHOLM, GARY 13950 62ND STREET N CLEARWATER, FL 33760				O1202006 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For 91-2193312 Not Applicable 5. Certificate of Status Desired S8.75 Additional Fee Required DO NOT WRITE IN THIS SPACE			
	named entity submits this statement for the ions of registered agent. Signature, typed or printed name of registered agent and title		ed office or regist		in the State of Florida. I		nd accept
FIL After M	E NOW!!! FEE IS \$150.00 ny 1, 2006 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	noing\$	5.00 May Be	- ,		
10.	ÖFFICERS AND DIRE	CTORS	I		in the same of the same		(1111111111111111111111111111111111111
TITLE NAME STREET AUDRESS	D CHISHOLM, GARY 13950 62ND STREET N				r.	::`	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CLEARWATER, FL 33760 D CHISHOLM, DONNA 13950 62ND STREET N CLEARWATER, FL 33760	· · · · · · · · · · · · · · · · · · ·			U00000442	932	
TITLE NAME STREET ADDRESS CITY-SY-ZIP	OLLINGATER, FE 33700			DO N	OBYTHINE BOT NOT WRI	140-020 15	o.w_
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	HIS SPAC	E	
tille name street address city-st-2ip							•
TITLE MAME STREET ADDRESS CITY-ST-ZIP			:	-i-,			
12. Thereby of	certify that the information supplied with this	filing does not qualify for the exe	emptions contains	ed in Chapter 119, Fl	lorida Statutes 1 further	certily that the info	rmation"

Interpretable and the information supplied with his filling does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the intornation indicated on this report or supplemental roport 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: Sky Chicheline GARY CHIS HO/M
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR